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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Anæmia. Delivered at the Pennsylvania Hospital, March 16, 1861.

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The patient before you presents another variety of blood disease; one the peculiarity of which consists not in the introduction of a poison into the blood, not in a species of fermentation or reproduction of a poison, nor in the retention of an excrementitious element, but in the abstraction from that fluid of a portion of one of its normal elements.

The patient, a female, came in, laboring under the disease described though incorrectly, as *anæmia*, this word being derived from the Greek ανευ, "without," and αιμα, "blood;" the literal meaning of which is exsanguineousness, or a total deprivation of blood. A preferable name is *Obgæmia*, suggested by Gendrin, which signifies paucity of the blood, a term derived from the Greek ολιγος, "few," which more correctly expresses the condition of the blood.

The symptoms, as they present themselves in her, are debility, with extreme pallor, frequent action of the heart, with arrest of many secretions, a pale, dry skin, generally, constipation, and an arrest of the menstrual flow.

The disease may be brought about in various ways, and may present itself either in the acute form, a result of the immediate abstraction of blood, or it may arise from circumstances which cut off the supply of new blood, and in this manner prevent the formation of fresh particles to take the place of those which are constantly being destroyed. The emotions, if long continued, and depressing agencies of every kind, all, in like manner, will have the effect of modifying the new formation of blood-cells, and in this way, by cutting off the supply, will, after a while, reduce the quantity of blood to a diminished standard, and deprive it of one of its essential ingredients, the red-cells. There exists, in round numbers, in every thousand parts of blood, about one hundred and twenty-seven parts of red corpuscles; whenever this proportion is reduced as low as eighty parts in the thousand, we have the disease described under the name of *anæmia*.

Under these circumstances there is not only debility, with frequent action of the heart, but abnormal sounds present themselves in that organ, which to those not forewarned might convey the idea of organic disease existing there; but when, with diminished spissitude of the blood, we have increased action of the heart, the theory is that the blood, as it is flowing through its different channels, is much more easily thrown into currents than when it is in its normal state, thus giving rise to these abnormal sounds which are heard not only in the heart, but also in the great vessels, and are produced by the frequent formation of currents as the blood is escaping through its natural channels.

This patient, who presented the symptoms, as described before, when she first came into the house, was immediately subjected to a full tonic course, consisting of iron and quinine, with a small portion of arsenious acid, and a full, nutritious diet and rest. Under this treatment she has improved very much; the color is coming back to her lips and cheeks, she feels stronger, and those abnormal sounds of the heart, though they still exist, are declining, proving thereby the correctness of the diagnosis, in the first instance, that they were dependent rather upon the impoverished condition of the blood than on any organic disease there existing.

She is taking a grain of the iron by hydrogen, and a grain of the sulphate of quinia, with $\frac{1}{60}$ grain of arsenious acid, three times a day: the formula being a drachm, each, of the iron and quinine, and one grain of the arsenious

acid, as much syrup of gum as will make a pill-mass, to be divided into sixty pills.

Arsenic, under these circumstances, is an excellent therapeutic agent; it acts not only as a tonic, but also as an alterative, and a stimulant to the nervous system, and, at the same time, increases the vigor of the process of assimilation, thus enabling the patient to appropriate more thoroughly the food which she takes for the purpose of improving her impoverished blood.

There are portions of Austria and Styria where the inhabitants are in the habit of eating arsenic, the amount taken sometimes amounting almost to fabulous quantities. From a quarter to half a grain, or even more, is taken daily by many of these people, and they declare that under its use they are stronger, that their nervous and muscular systems are braced, and that they increase in flesh and weight, and are able to bear a greater amount of fatigue than they could otherwise, and that if they cease eating it they are depressed, and dull, as a drunkard without his dram.

These are, however, excesses in its use leading to great abuse, but they form no argument against its employment in an appropriate manner; and when given in carefully regulated doses it does not produce any of its peculiar characteristic symptoms, unless there happens to be an unusual susceptibility to its effects; and, both in hospital and private practice, where I have used this potent remedy, I have yet to meet the first case where it has produced any of its unpleasant symptoms.

I have spoken of this disease of the blood as dependent on the abstraction from it of one of its elements, which we are to assist in restoring by quinine and iron and a carefully-regulated diet.

You will bear in mind that the blood is a living mass; that, like every other portion of the organism, it has in itself the power of growth, the power of assimilation, and, also, the power of self-maintenance. It exhibits its powers of development and growth, in the first instance, when originating from primordial cells, which undergo transformation into blood-cells, and as these cells pass through their constituted period of life they die out and their place is supplied by new ones.

There could be no better argument given in support of the doctrine that the blood possesses the power of growth than we see evidenced constantly in the rapidity with which losses are repaired.

When losses of blood are repaired, it is not by the instillation into it of particles of blood newly and ready formed, but by the introduction into the blood of plastic materials, out of which, by the aid of its own inherent vital powers, it is capable of forming new blood-cells.

Each of these blood-discs is a living cell, having its period of infancy, of adult life, and of old age, and each, after having passed through all these different stages, dies a natural death, and its elements are, some of them, reappropriated for the formation of new blood-cells, and others of them, which are useless, are cast out of the system as excrementitious.

This is a brief and hurried exposition of the doctrine that the blood has the power of growth. But it has, also, a power of *assimilation*—another evidence of its vitality; it has the power not only of making new blood out of plastic material, but of making the blood thus formed like that which previously existed; just as we see in the case of the cells developed from the plastic materials of the blood; these are drawn from the blood in a crude state, and out of them is elaborated a new muscle-cell, or bone-cell, or nerve-cell, as the case may be; and the muscle, nerve, and bone, have each a power of *assimilation* existing in themselves, by which they never fail to make the new cell in their own similitude.

You never discover, developed in a normal condition of the healthy muscle, a nerve or bone-cell, or in the bone or nerve, a muscle-cell, but the muscle makes its muscle-cell by its inherent power of assimilation, and the bone makes its bone-cell out of the plastic material, and each is made in the likeness of those whose place it is to take.

There is not only impressed upon each cell the similitude, as far as its physical conformation to the tissue is concerned, but the vital characteristics of the tissue are also impressed upon it, and if there is any abnormal condition of the tissue, or blood, we find the pathological condition stamped upon the new cell also.

It is this property which exists in the blood, that keeps it always in accordance with its "right state;" and it is in consequence of this law, that when the blood becomes diseased, as from the introduction of the syphilitic poison, and in certain diseases of the skin, as described on a previous occasion—when the blood has once

become contaminated, and the whole mass has become poisoned, that all the new blood receives that pathological stamp, and thus the disease is perpetuated; and probably, also, in this manner when once the blood has had its peculiar susceptibility to the introduction of a specific poison, as in the exanthemata, exhausted, all the new blood participates in that exemption, and thus we are saved from future attacks.

The blood has also a power of *self-maintainance*, self-preservation, by means of which when poisons are introduced into it, it is capable of casting them out of the economy, and thus freeing itself from their presence. Thus we find many of those exanthematous diseases eliminated from the blood; in this manner, typhoid and typhus fevers, and many other diseases, have their morbific matters removed from the system by virtue of the power which the blood has of self-maintenance. Hence, the blood is a living and growing mass, having intrinsic powers of assimilation and of self-maintenance.

It is difficult to dissever our ideas of growth from solid structures, and to believe that fluids can undergo these changes; but the blood has its anatomy, physiology, and pathology, just as the solid structures possess them, and in all respects it is comparable to the solid structures of the body in its powers of development, self-maintenance, and reparation.

Bearing these views in mind, you will understand the manner in which the anæmical patient is to be relieved. We are to make up the loss of blood, to introduce into the system not only plastic material from which to make the cells, but other mineral agencies which we know stimulate the formation of these cells. When we introduce into the blood plastic elements of nutrition, and, in addition, the ferruginous elements, we stimulate the formation of new blood-cells, which are to take the place of old ones.

There are also certain agencies in addition to those already mentioned, which have the effect of developing anæmia; thus, there is one organ in the body which, when it becomes enormously increased in size, has its functions also exaggerated.

One of the frequent causes of anæmia is the malarial poison. We constantly find those living in malarial districts having the peculiar pallid complexion, and we find almost equally constantly in this disease that the spleen becomes increased in size.

It has been shown by physiologists, that one of the functions of the spleen is to break down the old blood-cells and assist in the formation of new ones, by the development of white cells. The spleen, when enlarged, is also exaggerated in function, and there is an increased breaking down of blood-cells, and increased formation of white cells, giving rise to the peculiar pallid face, and those conditions so ably described by Dr. Hughes Bennet as *leucocythæmia*.

Another patient before you presents the same symptoms, the peculiar pallid, waxy appearance of the skin, the lips are pale, the tongue also, and turning the lips down we see that instead of being of their healthy florid hue, they are pale. She is taking the same preparations as the other, and is using the same diet in combination with a small quantity of malt liquor three times a day, under which she is improving.

One other symptom must be alluded to. When the blood has its normal density diminished by the abstraction from it of these red cells, it becomes watery, as you can readily understand, and there is not only a diminution in muscular vigor, and in nervous force also, but a diminution in the retentive power of the walls of the blood-vessels themselves, in consequence of which there is a disposition on the part of this watery blood to pass through their walls into the cellular tissue, and to seek the most dependent parts by gravitation, thus giving rise to local dropsies.

This symptom presents itself in prolonged cases of anæmia, and is to be relieved not by the further abstraction of blood, as in cases of acute dropsy, for this would further diminish the quantity of blood-cells and also still more diminish the power of resistance of the walls of the blood-vessels, allowing a still larger quantity of the watery parts of the blood to pass out; but we endeavor to increase the density of the blood, and favor the endosmotic action from without to within, and if the blood on the inside of the vessels is made denser and more thick than the fluid which exists on the outside, there will be an increased tendency to endosmotic action, and the watery parts of the blood will pass back again, and thus the dropsy be relieved.

In many of these cases of anæmia, as they present themseves in females, a very common symptom is amenorrhœa, a cessation of the menstrual flow. This amenorrhœa is sometimes partial and sometimes complete, and

when it is partial, the blood is sometimes pale and pinkish in hue. By many persons amenorrhœa is supposed to be the cause of this impaired health, and females themselves are very apt to take this view of the subject.

They think that all their health depends on the normality of this function, and if anything occurs to arrest it, instantly all the other portions of the economy fail in the performance of their functions, and they regard amenorrhœa as the cause of their ill health, but it is in truth an *effect* of their ill health.

Anything which tends to diminish the health of the individual, to diminish the powers and force of the economy, will be very apt to be attended in females by amenorrhœa. If you remove its cause, the amenorrhœa disappears.

Young girls if confined to close study, and at the time of its normal appearance lead sedentary lives, and avoid all means calculated to improve their general health, are very apt to have amenorrhœa, and persons who come from the country into the town, or come from other countries into this, where they change their mode of life, after having lived a long time in the open air, as many of our domestics, are liable to be attacked by this disease.

To remove this state, improve the character of the blood by the administration of iron and tonics, under which treatment all the other symptoms will be found rapidly to disappear.

Lectures on the Iris and Choroid and their Diseases.

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No. 4.

IRITIS, OR INFLAMMATION OF THE IRIS.

"Inflammation of the eyeball is now very generally called iritis, and the invention or application of this term has been looked upon as an improvement in the nomenclature of disease, if not somewhat of a discovery or novelty; yet, no one, I believe, ever saw the iris inflamed, without corresponding inflammation of the sclerotic, and seldom without inflammation of other parts of the organ. I am also sure that no one ever saw inflammation of the iris proceed unchecked until it terminated in blindness, who did not at the same time see that the disease had extended to the retina, the crystaline lens and its capsule, the membrane lining the chamber of the aqueous humor, and probably to the choroid and vitreous humor. I do not mean to say that what is called iritis, when it terminates in blindness, is always accompanied or followed by opacity of the lens, or disorganization of the vitreous humor, because we often in such cases see the lens remaining transparent, and find the vitreous humor firm; but I do mean to say, that the consequences of iritis are rarely, if ever, confined to that particular part, but extend to one or more of the other textures. I would, therefore, with the greatest respect for the opinions of eminent men who have written on this subject, suggest that the term should be abandoned as mischievous, and calculated to lead inexperienced persons astray, by fastening their attention on the iris when the retina should be the prominent object. I am not disputing about a mere word, but endeavoring to correct what I consider a mistake, having an injurious effect in practice. I want the practitioner to recollect that when he sees the sclerotic red and the iris discolored, he has not to contend with inflammation of the iris only, but with inflammation of the whole eyeball, and above all with inflammation of the retina.

"I find it urged as an argument in favor of the view that the iris undergoes inflammation without corresponding inflammation of the other parts of the eye, that when vision is lost by closure of the pupil in iritis, the formation of an artificial pupil will often restore it; but my experience leads me to a different conclusion, for I find that the operation for artificial pupil in such cases is generally useless, because the so-called iritis has been accompanied by inflammation of the retina, terminating in blindness or amaurosis."* These preliminary observations I give as words of caution from one who has for a long series of years seen much eye disease, and has made the subject his special study. Yet, "I believe it would be too great an innovation to discard a word so universally employed, unless we could substitute one altogether unobjectionable; and it will be sufficient, if the student bear in mind that the anatomical connections of the iris with the choroid, already described, and other parts of the eye are so intimate that inflammation in the iris always more or less involves the deeper textures of the eyeball."

The passages I have just quoted were published by Dr. Jacob several years before the

* Jacob on the Inflammation of the Eyeball, 1, 2, 3; Dixon on the Eye, p. 125.

invention of the ophthalmoscope, but the revelations of that instrument fully confirm the truth of his remarks. This has been especially the case when the exciting cause has been of a specific nature.

Iritis, or inflammation of the eyeball, is divided into acute and chronic.

The symptoms are:

1. Pain.
2. Redness.
3. Objects appear as if seen through a gauze or mist, numerous gray or dark spots in field of vision.
4. Pain increased toward evening.
5. Globe tender to the touch.
6. Pain extends to the temple, forehead, and cheek. Symptoms increased by the recumbent posture, or full meal.
7. Exposure to light painful, with increased flow of tears.

This is not a constant symptom:

As the disease advances, dimness of vision increases, until perception of light is lost.

Pain gradually augments.

First change in the iris: loss of brilliancy, and it acquires a dull aspect, absorbing the rays of light instead of reflecting them.

Pupillary aperture becomes contracted, and the motions of the membrane are impeded. Pupil dilates and contracts slowly, on the admission or withdrawal of light.

If the iris is of a gray or blue color it assumes a greenish hue, from deposit of fibrin in its texture.

If, however, the natural color is brown or hazel, scarcely any change of color. But in its more advanced stage the iris acquires a reddish brown tinge.

APPEARANCES OF IRITIS.

The aqueous humor appears cloudy.

What is considered as one of the principal diagnostic marks of this disease is a zone of vessels around the margin of the cornea, which, at a short distance, gives the appearance of a uniform dull red belt; but when closely viewed with a lens, the zone is found to be most dense in color close to the cornea, and to be gradually shaded off at its larger circumference. This zone varies much in extent and depth of color, as the disease is mild or severe. In some cases, a gray line exists between the margin of the cornea and the red zone; this gray line is sometimes complete, occupying the entire circumference of the cornea, indicating rheumatic origin. As the disease advances, the aspect of the iris becomes duller, its color more altered, and its motions more impeded; the pupil loses its circular figure, and becomes irregular. Vascular zone enlarges and assumes a deeper hue.

The aqueous humor gets more and more turbid.

Small tubercles of fibrin are frequently deposited on the surface of the iris; first yellow, then brownish red. Some of these tubercles suppurate and discharge their pus by ulceration into the anterior chamber, and onyx is produced, an appearance like the white mark at the base of the thumb nail.

The disease is more rapid and more severe, when connected with specific taint, and more apt to relapse.

The fibrin is also found of a reddish color.

When the iritis is idiopathic or traumatic, the constitution is not always much affected.

But when connected with specific disease, there are usually present other evidences of syphilitic taint, in the form of cutaneous eruptions or inflammation of the mucous membrane of the throat, etc.

Causes.—Inflammation and specific disease.

Persons liable to it at all ages, but chiefly young adults.

As a simple affection, it rarely occurs in persons under the age of puberty.

But not uncommon in children as a secondary disease.

Treatment.—Mercury the chief remedy.

Dose.—Calomel one to two grains to a ⅛ of a grain of opium every six or eight hours, with ¼ grain of ipecac. Diet moderate; extract of belladonna kept applied on eyebrow night and morning, or a solution of atropia dropped into the eye.

If the iritis advance, the mercury must be increased; if it yields, the mercury must be lessened.

In the more advanced stages of the disease, mercury should be given in larger doses and at shorter intervals.

If there is much affection of the sclerotic and conjunctiva, with pain, much good will result from the local abstraction of blood by cupping to the temple or by leeches to the eyelids.

The largest quantity of mercury which Tyrrel has given has been five grains of calomel, combined with a small quantity of opium, every four hours, and continued to fourteen doses.

In feeble cases it is better to give

℞.—Hyd. chlor. mit. - - 1 gr.
Pulv. opii. - - - ¼ gr.
Night and morning.

Infusion sarsaparilla twice a day; an occasional aperient; belladonna to the eyebrows; good nutritious diet, with a small quantity of stimulus. If the case is very feeble, give a generous diet; regulate bowels by pills of colocynth and henbane; small doses of sulphate of iron, with sulphate of quinine, every six hours; after a few days, when the general power is improved, one grain doses of mercury with chalk at night; after a short period twice a day.

CHRONIC IRITIS.

An impaired state of vision accompanied with the presence of dark muscæ. At first a dull condition of the iris and a sluggishness in its movements; if it be naturally of a light color, particularly blue or gray, a slight change is perceptible. If further advanced, the pupil becomes contracted and adherent to the anterior capsule of the crystaline lens. The pupil is then irregular and the iris motionless.

Treatment.—A full trial of the mercurial treatment for two weeks. Even in cases of some years standing, I have found such adhesions give way to combined influences of small doses of hydr. cum. cretæ and solution of atropia.

RHEUMATIC IRITIS.

Mr. M. K., aged forty years, a merchant, applied February 19, 1861, suffering from iritis, the result of cold; this was his third attack. The two previous attacks he had taken mercurials so as to produce salivation, and each attack had lasted for a month. He denied ever having either primary or secondary symptoms, and desired to be cured without the use of mercurials. The inflammation was in the right eye, and had existed for a week. He had employed some local application, but without benefit. The symptoms were great external redness, chiefly sclerotic; there was a belt of vessels around the cornea, producing a gray deposit. Pupil irregular; dimness of vision; pain in the brow. The eye had to be covered with a shade.

Treatment.—Free leeching, Scudamore's mixture of wine of colchic., etc. The extract of belladonna was applied around the brow. By the end of two weeks there was much improvement, but a relapse took place in the third week. On the third of March, placed him upon potassii iodidi, five grains three times a day, which benefited him so much that the eye seemed well; no adhesion. By the tenth he was discharged well. He found much comfort from the cooling effects of an alum curd, as a local application; also a compound solution of nitrate of silver and nitrate of atropia, dropped into the eye every third day.

Second Case.—Mrs. C——— B———, aged thirty-three years, has lost her husband and child; lives by her needle in great poverty; applied at the Howard Hospital, February 28, 1861; has suffered from acute rheumatism; general health, with this exception, was good, but depressed in mind. She was almost blind of the left eye; injection of the sclerotic and conjunctiva; contracted pupil, with great intolerance of light; the iris was dull and inactive. She had headache and fever.

Treatment.—Local application of the nitrate of silver and atropia every third day. Directed the following mixture:

℞.—Magnes. sulph. - - ℥v.
Magnes. carb. - - - ℥ij.
Vin. colchici rad. - - f℥ij.
Syr. zingib. - - - f℥i.
Aquæ - - - - f℥vij. M.

Signa.—A table-spoonful three times a day.

This mixture she employed until March 4, without much benefit; the pain continuing severe, and the right eye becoming affected. The mixture was then changed to the following:

℞.—Potasii iodidi - - - ℥ij.
Quiniæ sulphatis - - gr. xii.
Morphiæ " - - gr. j.
Aq. fontana - - - f℥iij. M.

Signa.—Table-spoonful three times a day.

Under this mixture she found the pain much relieved; but it had a constipating effect, which was relieved by taking two compound cathartic pills at bed-time.

The gray rim continued around the eye, and there was still great injection; and finding there was not free action upon the skin and kidneys on the 7th of March, I directed

℞.—Potass. acetat.
Potassii bicarb. - - āā. ℥x. M.
Ct. div. in chart. No. xx.

S.—One powder in half a tumbler of water, every four hours.

This changed the condition of the eyes, both clearing up, and by the 11th of March there was a decided improvement. She continued the same treatment, with the addition of a solution of atropia dropped into the eye, and by the 18th of March she was discharged well.

As this is the most common form of iritis, I thought it better to enter into the details of these cases, as ordinary examples met with in practice in all ranks of life.

Remarks.—In this latter case I employed no local depletion, nor any mercurial, except as a purgative. Neither the colchicum nor the iodide of potassium acted as I had hoped. The great point of importance is the making a correct diagnosis; we are so apt to be deceived by our patients, having often not to notice their reiterated statement of not having any syphilitic taint. It is, unfortunately, too true that large numbers of our population, both rich and poor, are more or less tainted with syphilis.

Prevention of relapse,—as relapses are common, some cases having twelve attacks,—the following cautions should be observed:—Avoid sudden transitions from heat to cold; do not allow the wind to blow directly in the face; use no violent exertion, avoid late hours, reading by gas light, or excess of diet in wine, brandy, or whisky.

Bathing in salt water, or the sea bath, is useful in bracing the eyes, or a residence in a southern climate, according to T. W. Jones,* during two or three successive winters, may break up the tendency.

SYPHILITIC IRITIS.

March 15, 1859. Mrs. M., aged thirty-five years, has been under treatment for two weeks, for iritis evidently from the color of the iris, and the history of the case left no doubt that it was of a syphilitic nature. She has had twenty-five American leeches applied to the temple, with the internal use of the mild chloride of mercury and Dover's powder, followed at intervals with the compound infusion of senna, as a purgative. Salivation had taken place. As she complained of headache and fullness, she was directed to have ten ounces of blood removed from the arm, and a small blister to the temple. She gradually recovered, *without any injury to the eye*, by the end of the month.

April 2, 1859.—Second case also a female, single, Miss A., aged forty years; her disease was of two weeks' duration first time seen. The iris presented the dull red belt, with pain around the brow. As a preliminary measure, a solution of atropia was dropped into the eye, and I directed the patient to remain quiet for a short time, with the eyes shut. She was then carefully examined to see if the iris dilated. By this means, you can, in a few minutes, determine whether the patient has iritis, corneitis, or sclerotitis. As the iris, in this case, did not dilate, she was directed twenty leeches to be applied to the brow; a stimulating foot-bath; the patient to be purged with infusion of senna and the soft extract of belladonna was applied around the brow; to be followed by the powder of calomel, opium, and ipecac. I consider it all-important to relieve pain by opiates, and to leech freely; while at the same time I never entirely rely upon such measures alone. The importance of preventing patients from taking cold, when employing the above measures, was shown in

The third case, which was a young colored girl, aged twenty, who had been under the care of a surgeon in this city, who stated that she had been doing well until she caught cold, while under the influence of the mercurial. There was now complete closure of the pupil, from evident effusion of coaguable lymph; the inflammation involving the whole globe of the eye, an occurrence which can only be prevented by the timely adoption of judicious and efficient measures. Her vision with this eye was entirely gone.

The following is the pathology of this condition of the iris, above described:—According to the investigations of Wedl,* exudations proceeding from the *iris*, and more especially from its anterior portions, deposit their products on the front of the membrane, more or less filling the anterior chamber. The coagulable exudations assume a peseudo-membranous aspect, are sometimes of a gelatinous, sometimes of a more viscid consistence; yellowish, frequently speckled with bloody points, and readily devisible into laminæ; they usually become organized into cellular tissue, which adheres to the posterior surface of the cornea, in consequence of which, irregularities of the pupil are produced. A second frequent metamorphosis of the exudation in question consists in the formation of pus. This exudation is confined usually only to the *iris*, the lens, vitreous humor, retina and choroid present no anomaly of the kind.

In proportion as the exudations accumulate on the anterior surface of the iris, the same process takes place on the posterior; and in

* Defects of Sight and Hearing, American edition, by Dr Turnbull, p. 150.

* Rudiments of Pathological Histology, by Carl. Wedl, M.D., etc. p. 281.

cases of *synechia posterior* delicate filaments of connective tissue may be traced, passing to the capsule of the crystaline lens, in which filaments blood-vessels also may occasionally exist.

I have carefully watched this process, described by Wedl, of this deposit upon the anterior surface of the lens, with a glass, from day to day, in an acute case of inflammation of the iris, of traumatic origin, and was able to see the first deposit, which consisted of one round vessel or cell which, for a short time, floated in the field of the anterior chamber, and then gradually became adherent to the iris, and then increased by adding new material to itself until the whole pupil was blocked up with it, even under the free use of mercurials, internally and externally applied with leeching and soft extract of belladonna around the brow.

This result is more apt to occur in strumous cases of iritis, which are better treated by the use of iodide of potassium in syrup sarsap. comp., five grains three times a day. In such cases, particular care and attention should always be directed to obviate the contraction of the pupil by the free application of the soft and fresh extract of belladonna to the brow; and though it unfortunately happens that this narcotic exercises comparatively little influence over the membranes in a state of active inflammation, nevertheless it should be maintained in constant readiness to produce its operation, as the nervous excitement and vascular turgesence subsides.

Mr. Dixon has but little faith in atropine or belladonna in syphilitic iritis. "It is on *mercury* that he places his chief reliance; but profuse salivation should be carefully avoided, the gums never to be made tender except in the slightest degree.

"Invaluable—indispensable"—he remarks, "as atropine is in our examination of many *morbid* states of the eye,* I do not regard it as of any service in iritis, as an inflamed iris loses its power of motion." This may be true of its very acute stage; but I am sure I have seen the iris act when there was subacute inflammation present in the second stage. Dr. Jacob's remarks upon this subject are in accordance with my own views. I have already stated that in the early or acute stage of *severe* inflammation the iris loses its power, and the pupil not only ceases to act, but is unaffected by the application of belladonna. I do not, however, discontinue its application on that account, because, as soon as the inflammation is *reduced*, it begins to produce its effects, and either prevents adhesions or (if they have been formed) stretches or ruptures them."*

The same opinion is held by Dr. Von Graefe, and, although much younger than Dr. Jacob, is still entitled to much attention from his great reputation and good opportunities for study and experiment in his celebrated clinic at Berlin.

"The dangers of iritis in general have materially diminished since the introduction of a bold use of mydriatic remedies in the acute form. Treatment by antiphlogistics, mercury, or by other methods of considerable repute, though insufficient to effect a complete cure of the disease, continue important auxiliaries, and in many cases it is impossible to apply mydriatics without their previous employment. Mydriatics, however, are indispensable to the complete success of our treatment."

Iritis cured without posterior synechia seldom evinces any tendency to recur. Iritis, with many broad adhesions resisting all artificial mydriasis, will very generally recur, and there is scarcely any exception to this rule when synechia posterior totalis—a perfect exclusion of the pupil by exudation—has occurred. But when patients, who have suffered from periodical attacks of double iritis, came to me with synechia posterior, I still applied to but one eye methodical instillations of sulphate of atropia, and by that means frequently succeeded in tearing through adhesions which had existed for many years. (This has been accomplished in a recent case in my clinic.) Persons who have recovered from iritis are often affected by periodical ciliary neuroses, which in many cases depend on posterior synechia. After instillations of sulphate of atropia, the pains cease, but return as the pupil contracts. A methodical use of mydriatics, causing extension of the synechia, often permanently cures the disease. The application of the atropinum sulphuricum in slight iritis should be made daily, six, eight, ten times, or oftener, at intervals of five minutes; and, notwithstanding the irritation, both the pain and the other symptoms are generally alleviated, and at the same time the sub-conjunctival injection diminishes with remarkable rapidity.

Where there is *acute iritis*, with profuse lach-

* Dixon's Practical Study of Diseases of the Eye, p. 138–9.

* Jacob on Inflammation of the Eyeball, p. 53.

rymation, chemotic swelling, and cloudiness of the aqueous humor, an entirely different treatment is indicated. Atropine (gr. iv to f℥j water) must be instilled twenty to thirty times to produce even a limited action on the pupil. Sometimes it slightly enlarges, but a genuine mydriasis seldom takes place; sometimes the desired dilatation is obtained by a very bold use of the mydriatic. From these cases, however, no rule can be drawn.

Frequent applications, during the height of the inflammation, sometimes so much increase the irritability that no therapeutical effect is produced. In such cases I am in the habit of employing three methods to diminish the irritation as rapidly as possible:

1st. By blood-letting, by leeches applied to the temples or nose, and incisions of the chemosis with Cooper's scissors sufficiently deep to unload the subconjunctival vessels, which are intimately connected with the iris.

2d. Paracentesis, which must never be neglected when there is much diffuse cloudiness of the aqueous humor.

3d. In very acute cases, and in those attended by excessive exudation, I employ mercurials. The extremities are rubbed every two hours with ung. hydr. cinereum, and every hour I give from a half to one grain of calomel until the first indication of salivation appears. In addition, I apply a suppuratory blister behind the ear. When the irritable condition has decidedly diminished, which must ensue in two or three days, I commence the use of mydriatics, and so vigorously as positively to tear synechia which have already formed. This is the period during which the special object of treatment must be unreservedly followed, and in general the mydriatics act much more readily than before, partly owing to the diminished inflammatory irritation, and partly, also, to free absorption by the cornea. The latter cause alone is insufficient to explain the more powerful action of mydriatics after depletion. This is proved by a fact often witnessed. Atropine has been applied in cases of iritis or corneal exudation without inducing any dilatation; but many hours afterward it has ensued upon the application of leeches. All remains of atropine had previously been carefully removed, and it was impossible any could have been left in the conjunctival sac, and hence it must have been absorbed before the use of leeches, its action having been temporarily latent, owing to excessive inflammatory irritation.

My usual custom is to apply the atropine from six to fifteen times—sometimes twenty to thirty times—a day. The pupil must be kept dilated some weeks after the inflammation has perfectly ceased. It need scarcely be mentioned that the choice of the mydriatic is of essential importance. It is a fact (owing to the substitution of sulphate of atropia for the extract of belladonna) that this method of treatment in acute iritis has come into more general use. It must be well prepared, and if it becomes unbearable to the conjunctiva after very long-continued use, and if circumstances should render its application necessary, the tone of the conjunctiva must be altered by a solution of acetate of lead, or dilute solutions of nitrate of silver.

Although I can easily understand that some practitioners are not successful in the mydriatic treatment of acute iritis, because they proceed without discrimination, still I cannot understand how any can yet consider it irrational. In inflammation of a muscular tissue, what indication is more urgent than to keep it quiescent, at the same time relaxing its most irritable and most threatened parts—in the present case the pupillary margin? Is there a method more likely to induce reabsorption of exudations than to deprive them of their source of nourishment? Finally, does not the diminution of intra-ocular pressure, facilitating the choroidal circulation, afford an especial safeguard against the complication with choroiditis, (ophthalmoscopic examination has shown that after-iritisopacities are by no means uncommon in the anterior part of the vitreous humor; evidently these must be ascribed to the anterior division of the choroid having participated in the inflammation,) which is so much to be dreaded?

When, with all the care, such cases occur in his own practice, or that of others, his operative treatment is as follows, dividing them into two classes, which we can only give in brief, namely:

1st class. The disease begins with iritis, and, without proper care, (as in the case I have reported,) pupillary exclusion* results. I have found that iridectomy only affects a radical cure in the *first group of cases*.

* By the words *exclusion of the pupil, pupillary exclusion, or synechia posterior totalis*, is meant adhesion of the whole of the free margin of the iris to the capsule of the lens. The *eye* may be *divided geographically* into two *hemispheres*, an anterior and a posterior, an *equator*, an *anterior pole* at the centre of the cornea, and a posterior at the macula lutea.

2d class. Choroidal changes commence the disease, iritis occurring as a secondary complication.

There is, also, in many of these cases, extensive retinal separation. Treatment—I have often tried it, also, in irido-choroiditis, resulting from retinal separation, and have generally seen any existing irritation relieved. But no real restoration of vision can ever be expected; more true is the principle that extensive separation of the retina leads to perfect amaurosis, with atrophy of the globe, provided reactionary inflammation of the internal membranes has once been induced.*

COMMUNICATIONS.

Hæmoptysis: A Symptom of Pulmonary Tuberculosis; its Diagnosis; Illustrated with Cases.

By A. P. Dutcher, M.D.,

Of Enon Valley, Lawrence county, Pennsylvania.

PART FIRST.

Hæmoptysis has, for ages, been regarded by physicians as the most significant of any single symptom of phthisis. According to my observation, it has been present in about three-fourths of all the cases that have come under my care, and it was frequently among the first symptoms that announced the approach of the fell disease. Sometimes I have known it to precede all the other symptoms of phthisis for more than a year, when they would speedily follow an attack of hæmoptysis.

Many individuals experience but one attack, and that sometimes only very near the close of the disease. In some cases, again, it is very trifling in amount, and mixed with mucus, but is repeated at intervals for several days. At other times, and this frequently at the commencement of the tuberculous disease, the discharge of blood is copious, so much so, that many patients and their friends look upon it with great alarm, and the danger of sudden death is regarded as very imminent.

But it is astonishing what an amount of blood an individual may lose in this way and yet recover. Lænnec records the case of a young man who lost *thirty pounds* in fifteen days.* Death is very rare from this cause, and many physicians, in the course of years of extensive practice, have never seen such a case. In this disease nature has guarded against this event with the most wonderful care. And if we will examine the circulation of the lungs when they are occupied with tubercular deposits, we will discover several things that are unfavorable to the occurrence of very profuse or fatal hemorrhage.

In a state of health the blood-vessels transmit the blood with the most perfect freedom; but when the lungs are tubercular, the blood coagulates in the extremity of the vessels, and obstructs them in such a manner that scarcely a drop of the vital fluid can escape. Again, when we look into a large tubercular cavity we will observe bands crossing it in various directions. These bands consist mainly of blood-vessels and cellular substance.

Pathologists have observed the fact that blood-vessels are not very apt to ulcerate. We often see muscles, bones, and cellular tissue disappear under its influence, while the blood-vessels remain almost perfect. Thus the walls of the pulmonary arteries, when surrounded by tubercular ulceration, instead of sharing the disorganization, usually thicken; by the deposition of fresh materials, their caliber gradually diminishes; after a time, they cease to be pervious, and are transformed into solid cords. And it is only in those cases in which such vessels are suddenly torn before they are perfectly closed, that we can have profuse hemorrhage from a pulmonary cavity.

But hemoptysis may and does frequently occur in phthisis, without the rupture of blood-vessels. In the great majority of cases, it is undoubtedly produced by compression or obliteration of the pulmonary veins by the tubercular deposit, in consequence of which blood, interrupted in its natural channel, overflows or exudes into the neighboring bronchi. And this is greatly facilitated by the peculiar condition of the constituents of the blood, which, being in a deteriorated condition, allows it readily to escape by exhalation from the overloaded pulmonary capillary vessels. If we admit this explanation as true, we may see in what manner hemoptysis, moderate in amount, may be useful in preventing the extension of the tubercular disease, and relieving inter-current inflammations.

* Graffe on Iridectomy, New Sydenham Society, Translation, p. 230, 234.

* Lænnec on the Chest, p. 192.

But what are we to consider a moderate or profuse hemoptysis? I find that physicians vary much in their opinions on this subject. When I read the case of W. Y.* to Dr. S., a friend of mine, he called that a very alarming and profuse instance of hemoptysis. But when I related another, where only six ounces was expectorated in three hours, this he considered a very moderate hemorrhage. We have been in the habit of regarding four or five ounces of blood, expectorated in as many hours, a very free hemorrhage; one or two ounces, expectorated during twelve hours, as moderate; when but a teaspoonful, or half the quantity, is expectorated, we call this a trifling hemorrhage. And when it is expectorated from time to time, even in this trifling quantity, we should look upon it as a suspicious circumstance, and examine the case with the greatest care.

In some cases where hemoptysis is very copious, the blood will flow into the throat with great rapidity, and will excite symptoms of vomiting, so that, for the moment, we may be at a loss to say whether it was discharged from the lungs or the stomach. But if the operation is carefully observed, there will be no trouble in making out a clear diagnosis. It will be easily seen whether it is expectorated by coughing or vomiting. On the other hand, when hemoptysis is moderate, the blood will frequently pass up through the air passages into the throat, without exciting but very little cough. Individuals sometimes try to deceive themselves and their friends as to the true source of the hemorrhage, and the physician may also be deceived unless he is constantly on his guard.

Statistical tables prove, that those consumptive patients who experience hemoptysis usually live much longer than those who do not. Fifteen years since I was called to attend a woman who was suffering from an attack of profuse hemoptysis. She had every sign of tubercular disease of the superior lobe of the left lung. Since then she has had several attacks of the same kind. There can be no mistake as to the tubercular character of her disorder, although it has made but very little progress during this whole time. I have somewhere read of a protracted case of phthisis, which lasted for thirty-five years, that was marked by occasional returns of, sometimes, very copious hemorrhage during this long period.

* See Part Second, Case First.

But there are exceptions to these last remarks. Some of the most rapid and fatal cases of pulmonary tuberculosis I ever saw were accompanied with more or less hemorrhage. And it is a well-known fact that, where hemoptysis continues very profuse for any length of time, without any very extensive lesion of the pulmonary tissues, it soon exhausts the vital forces of the system, and greatly adds to the tubercular state of the whole organization. Tuberculosis is pre-eminently a disease of debility, and whatever tends in any way to produce this condition of the system will only hasten the malady to a more speedy termination.

Phthisical patients, however, frequently experience a feeling of decided relief from hemoptysis, particularly if it assume the character of passive hemorrhage. In some cases it will assume an active form, attended with considerable fever, and general excitement of the system, and produce a condition of lung analagous to inflammation, and may thus be attended with evil effects; an active period in the progress of the disease seeming to be marked, or coincide with its occurrence. Thus, hemoptysis is not always to be regarded in the same light when we look at individual cases. But when we look at this sympton in the mass of cases, it may be regarded as exerting rather a beneficial influence than otherwise.

As to the frequency of hemoptysis in the two sexes, stage of the disease, and periods of life, our record of cases is not sufficiently accurate to deduce any very positive conclusions from them on these points. The statements, therefore, which follow, are drawn from the reports of cases that have occurred at the Hospital for Consumptives, at Brompton, London, and Dr. John Ware's excellent paper on "Hemoptysis as a Symptom."

From Dr. Ware's table, exhibiting the age and sex of 317 cases, we learn that, previous to the age of twenty years, females are more liable to hemoptysis than males, in the proportion of 130 to 13; that during the next ten years the liability of the two sexes is nearly equal, 67 males to 72 females; during the next ten years the number preponderates in favor of the males, 49 to 28 females; during the next, the numbers are nearly equal, 20 to 28; while from the fiftieth to the sixtieth years, it is once more greatly on the side of the females, 13 to 5 males.

"Whether," Dr. Ware remarks, "this has any connection with a disturbance in the bal-

ance of the circulation at the two periods during which there is an excess in the number of females connected with the establishment, and cessation of the functions of the uterus, is an interesting question."

In regard to the relation of hemoptysis to the different stages of phthisis, we glean the following from the Brompton reports:—In the first stage hemoptysis was present 28 times in 39 cases; in the second, 18 times in 20 cases; and in the third, 57 times in 69 cases. Making 71.79 per cent. in the first stage, 90.00 in the second, and 82.61 in the third.

When, however, the analysis is made from a table of each sex, the proportion is somewhat changed. We then find that the increase in frequency during the second and third stage preponderates in favor of the males. Thus, in the following table, we have,

Males.	Number of Cases.	Frequency.	Per Cent.
1st Stage, . . .	18	12	66.66
2d and 3d Stage, .	56	49	87.50
Females.			
1st Stage, . . .	21	16	76.19
2d and 3d Stage, .	33	26	78.78

Hence it will be seen that the frequency during the first and second stage is considerably greater in men than in women, which may be fairly explained by the greater bodily labor and increased tax upon the pulmonary circulation in the former than the latter. It also has a tendency to lead to the inference, that the exciting influence of the tubercular cachexia itself, in producing hemoptysis, is greater than that of its secondary results.

From Dr. Ware's report, we may also infer that the seasons of the year have some influence in producing hemoptysis. Thus, from a table showing the months in which in 355 cases, the first attack of hemorrhage occurred, we find that a much larger number of them took place in the cold months. The greater number of cases, 38 and 39, occurred in March and November, respectively; the smaller number, 18, in June. The seasons of the year in which the largest number of cases recorded may be denominated the transition seasons,—spring and autumn,—which give, respectively, 101 and 102. Those in which the smallest number are recorded were the equable seasons,—winter and summer,—which gave, respectively, 83 and 69.

As to the more exciting causes which produce hemoptysis in pulmonary tuberculosis, we know but little. Patients when interrogated on this subject can seldom state anything which seems likely to have acted as an exciting cause. In a large proportion of cases, it occurs quite unexpectedly, without a premonitory symptom. Sometimes it will occur after an unusual effort of the chest, either in lifting or running. But I have frequently known it to occur at night, when the patient was in bed: he would be aroused from his slumbers, and find the blood flowing from his mouth in alarming quantities.

PART SECOND.

Hemoptysis, however, may arise from other conditions of the system than pulmonary tuberculosis; such as plethora or congestion, with inflammation of the lungs; from external violence, as blows and accidents of any kind; from violent action of the organs of respiration; from violent muscular exertion; from disease of the heart; and from the suppression of some accustomed evacuation. All of these causes may produce it in certain conditions of the system. And, according to my experience, I do not regard it a very difficult thing to distinguish phthisical hemoptysis from that which proceeds from other sources.

Let us cite a few cases to illustrate the mode of diagnosis. Here we have a case of pulmonary tuberculosis, which has progressed to the third stage, and the very first intimation we have of it is a profuse hemoptysis.

William Y., aged twenty-four, a farmer by occupation, of the nervo-bilious temperament. He was an individual of unusual physical endurance and power. After having been engaged for two days, in handling heavy sacks of grain, he was suddenly seized, on the evening of the second day, with a very copious expectoration of blood. When I was called to see him the same evening, I found him very feeble, pulse almost imperceptible, breathing hurried, skin cold and clammy, and occasional attacks of syncope. The amount of blood lost was estimated at *four pounds*.

And, to add to the difficulties and dangers of his case, a few moments after I arrived, he commenced to vomit and purge, from the effects of nearly a teacupful of common salt, which he had taken by the advice of some friend, to stop the hemorrhage. From these two causes, for three days, there appeared to be but a step between him and death. But by the persevering use of stimulants, tonics, opium, and the

free use of animal jelly, he gradually improved, and in four weeks was able to leave his bed.

His health had always been good up to the time of the hemoptysis. He had no hereditary title to phthisis, and there was no sign about him that I could discover, which was indicative of the tubercular diathesis. As his strength began to improve, he complained of a constant pain in the right side; it appeared to be the most severe just above the nipple. His pulse was rapid, and his breathing hurried. He also had cough, and a slight expectoration of muco-purulent matter streaked with blood, and very marked symptoms of hectic fever. Thompson's gingival margin was clearly defined, while the mouth had a blanched appearance, such as we find in all extreme cases of anæmia.

On examining the chest, we found the expansion of the two sides unequal. During inspiration, there was scarcely any motion in the upper part of the right side. Percussion yields a dull sound over the whole of the right side of the chest, with the exception of just below the clavicle. Here a smart stroke elicited the cracked pipkin sound. On auscultation in the same region, clicking and cavernous respiration was very pronounced; thus pointing out very clearly the existence of a considerable cavity in the superior lobe of the lung, with extensive tubercular induration of the middle and inferior lobe. The physical signs on the left side were normal, with the exception of the prolonged expiratory murmur, an unfailing sign of commencing tubercular infiltration, and all its destructive consequences.

The bleeding never recurred again but once, and that only to the amount of two or three ounces. The disease, however, without any abatement, pursued its undeviating way to a speedy and fatal termination. From almost the very first he emaciated rapidly, and with occasional attacks of pleuritis, a very troublesome cough, night sweats, diarrhœa, and distressing paroxysms of dyspnœa, his tempest-tossed spirit was wafted into the port of everlasting rest. No treatment appeared to be of much use. Opium was the only thing that furnished him any relief. He died in four months from the hemorrhage.

Post-mortem verified the diagnosis. The superior lobe of the right lung was entirely disorganized. It appeared to be but one vast cavity, containing pus, and a few small clots of blood. The inferior and middle lobe were infiltrated with tubercular matter in various stages of softening. The pleura was adherent in several places. In the superior lobe of the left lung there was gray tubercular matter, in various stages of softening, but no cavities. The inferior lobe was normal. The bronchi were red, but free from ulceration. Heart of natural volume; parietes of the left ventricle thinner than usual; aorta healthy. The other organs of the body, so far as examined, were healthy, with the exception of the smaller intestines, which exhibited tubercles in nearly every stage, with numerous indurations and ulcers.

The next case that I would introduce is one of hemoptysis caused by a suppression of the catamenia.

1855, June 22. Called to see Miss S., aged twenty-three, of the nervo-sanguineous temperament. This morning, on rising, she complained of dyspnœa, accompanied with pain in the chest, which was followed in a few moments by a profuse flow of blood from the mouth, which amounted in quantity to sixteen ounces. After the hemorrhage ceased, the dyspnœa and pain were much relieved. Pulse 75, and respiration 18, lying; skin sallow, moist, and cool; bowels costive and tender; spine tender to the touch; nervous system excitable; has had several paroxysms of hysteria during the last month; appetite not good; pain in the head and back; a dry cough; and suppression of the catamenia for the last six months.

Physical Signs.—No dullness on percussion. Auscultation elicits nothing but mucous ronchus with unequal bubbles, not unlike those in bronchial catarrh, only much louder, from which we conclude that the liquid material in the bronchia is more fluid than mucus; hence, it must be blood.

Treatment.—As there was but little hemorrhage at the time of our visit, we prescribed rest, pil. hyd., gr. x., to be followed in eight hours, by castor oil, one ounce, and oil turpentine, one drachm. Dry cupping to the sacrum.

June 23. Called this morning at 3 o'clock. Patient awoke at 2 o'clock, and found the blood flowing from her mouth, and the bed-clothes quite wet with it. The quantity could not be estimated. A short time after this she took a hysterical paroxysm, and had not recovered from it when I arrived. Inhalations of chloroform soon relieved her from this, and as her bowels had not yet been moved, the oil and turpentine were repeated.

9 o'clock A. M. Bowels have been freely

moved. No hemorrhage; cough very slight. Ordered the following powders, one to be given every four hours.

℞.—Pulv. camphor, - - gr. xii.
Pulv. opii, - - - gr. vi. M.
Divide in powders, No. vi.

24. Patient rested well during the night. No return of hemorrhage. As there is still some tenderness of the bowels, ordered twelve drops of oil turpentine to be given every six hours.

26. Quite improved; prescribed the following:

℞.—Pil. hyd., - - - gr. xii.
Ferri citras,
Sulph. quiniæ, - āā gr. xxiv.
Ext. gentianæ, - gr. xxx. M.
Divide in pil. No. xxiv. Take one three times a day.

28. Symptoms all better. In addition to the pills, ordered ten drops of the oil of savine, with the warm hip bath morning and evening.

July 10. Patient still improving. Had a very free catamenial discharge yesterday.

From this time she speedily regained her health, and is now the mother of three children. The hemorrhage in this case was evidently vicarious, and exuded from the bronchial mucous membrane, and was readily relieved by a restoration of the catamenia.

The following case of pregnancy, complicated with hemoptysis, I shall ever remember, from the sorrow that it caused in a once happy family, where I delighted to spend a pleasant day, retired from the toils and cares of professional life.

Miss —— was a young woman of rare beauty and accomplishments. Her social and moral position in society, and the sweetness of her disposition, joined with the most perfect amiability of character, caused her to be admired and loved by all who enjoyed her society. But the seducer came in the garb of an angel of light, and she fell a victim to his machinations.

After spending the winter of 1854 in a neighboring city, enjoying the gaities and frivolities of fashionable life, she returned home about the first of March, pale and somewhat emaciated, with a distressing cough, attended at times with profuse hemoptysis. Dr. C., the family physician, was called in. He attended her until the first of May, during which time there was but little alteration in her condition. Dr. C. regarded the case as one of phthisis, and having exhausted his stock of therapeutics, I was invited to meet him in consultation.

I found her very feeble; countenance pale and dejected; pulse eighty; respiration twenty; tongue moist and clean; bowels regular; appetite good, excepting in the morning; no fever; slight dyspnœa on lying down; no pain in the chest. Hemoptysis recurs about once in seven days; quantity estimated at four ounces. In the meantime the cough is very troublesome, and attended with mucus expectoration.

The physical signs elicited no dullness on percussion, and auscultation nothing but mucus ronchi. The respiratory murmurs were distinct, clear, and free.

While engaged in exploring the chest, my attention was attracted by the unusual size of the mammary glands, and the deep blue of the areolæ around the nipple. This circumstance lead to a careful examination of the abdomen, and her pregnancy was readily made out by the motions of the fœtus, and the pulsations of its heart. She was in the fifth month of gestation, and up to this moment it had not been discerned by Dr. C. nor her family.

The cough and hemoptysis were entirely relieved in two weeks by the use of the following, in teaspoonful doses, every six hours:

℞.—Tinct. ext. cannabis Indica.
Syrup of tolu. - - āā. f. ℥ij.
Sulph. morphia, - - grs. ij. M.

From this time no untoward symptom occurred. Her labor was natural, and she made a good recovery, and her health has been very good ever since.

During a medical experience of twenty-two years I have met with several cases of pregnancy, attended with profuse hemoptysis, where there was no tubercular affection of the lungs. It, therefore, behoves the physician to be very cautious how he expresses his opinion in cases of this kind. Let him examine his patient with the greatest care, exploring faithfully the condition of all the organs of the body, never trusting to a simple, verbal examination, nor take for granted every statement the patient may make in regard to his case.

I am acquainted with some practitioners who are too negligent in this particular. They will visit a patient, feel his pulse, look at his tongue, ask a few general questions as to his pains, and in a hurried manner make out a prescription, and frequently depart without having the remotest conception of the malady under which the patient is suffering. Nothing

but such haste and carelessness could have betrayed Dr. C. into such an error of diagnosis, thus injuring his own reputation, and bringing a reproach upon the profession to which he belongs.

And it is just here that unprincipled quacks sometimes achieve their greatest triumphs. They take advantage of the carelessness and the errors of the scientific physician, and by an indefinable assumption of superior gravity and wisdom, they impose upon the ignorant, and supplant the regular attendant, and will not readily yield the downy couch of charlatanry for that of truth and justice. Accustomed to the ignoble fruit of deception, they summon to their aid every devise that is a stranger to the manly breast; they reap a rich harvest from the ills of suffering humanity.

To remove these loathsome pests from society the scientific physician must be constantly on his guard, and if every member of the profession will do his duty, the day will not be far distant when society will cease to be cursed with such hordes of medical imposters and mountebanks.

"*Felix qui potuit verum cognosere causa.*"

GENERAL REMARKS AND INFERENCES.

1. Hemoptysis is the most significant of any single symptom of pulmonary tuberculosis.

2. That it is rarely fatal, nature having taken the greatest pains to prevent such a result.

3. That those patients who experience hemoptysis usually live much longer than those who do not; hence hemoptysis, moderate in amount, may be regarded as rather beneficial than otherwise, by removing congestions, and intercurrent inflammations.

4. That on the other hand, where it is very frequent and profuse, it will have a tendency to exhaust the vital forces, and greatly add to the tuberculous condition of the system, and thus cause a more speedy termination of the malady. A profuse hemorrhage in the third stage has been known to prove instantly fatal.

5. That phthisical patients, previous to the age of puberty, seldom have hemoptysis. After this period up to the age of twenty-five, females are more liable to hemoptysis than males, particularly in the first stage of the disease, but in the second and third stages its frequency preponderates in favor of males; and,

6. That no individual who has once had hemoptysis, however slight, can ever afterward be regarded as entirely safe from the dangers of pulmonary tuberculosis. It may, however, as already remarked, occur from other causes, but it is so rare in any other disease of the chest, that it points most unequivocally to the true nature of the case. Indeed, hemoptysis from tuberculous disease is so common, that its occurrence will naturally bring with it the presumption, that when hemoptysis exists, tubercular deposits also exist in the lungs.

The Poetry of Physic.

By D. W. Maull, M.D.,
Of Georgetown, Delaware.

And is there such a sublimated element as Poetry in a profession so remarkable for the unsentimental doses it prescribes? queries the sceptic, whose stomach has ever been the ungrateful recipient of unpoetic pills, potions, or powders! Can it be possible for a science so marked by the unromantic labors of its votaries to be thus endowed? This will be the mental query of those who have been accustomed to regard the physician as did Romeo his lean apothecary, the presiding genius of "a beggarly account of empty boxes," with nothing in his branch to awaken inspiration in the bosom, or excite a fervor of poetical feeling. He considers Physic as a matter-of-fact pursuit, and the duty of its followers to minister to the sick and afflicted, and whose field of labor, in his clinical rounds, will never admit of the merest awakening of the Divine afflatus within the soul; and that though with his lancet he may open a vein, he will find no instrument with which to open the poetic vein; and that though armed with his ever-present saddle-bags, he may find no difficulty in riding his trusty quadruped, he can never succeed in mounting Pegasus.

Those who receive the definitions of Poetry literally would assert that there is nothing in medicine like it. If with Poe, it was all things beautiful; with Griswold, the most beautiful in metrical array; with Aristotle, imitative and creative; with others, a creature of loveliness with a Divine mission, or as a spiritual essence which touches spiritual things in our beings, or an agency that opens up novel creations, then the science was devoid of this gentle principle. They would insist that there is nothing in medicine to rouse the fancy or impress the mind with vivid pictures.

The person of such skepticism might make an exception in favor of the study, when contemplating the mighty providence as displayed in the human system, with emotions like those of the Psalmist when he exclaimed, "I'm fearfully and wonderfully made." He could appreciate the language of Pope, in the many exalted sentiments in his "Essay on Man," when speaking of his attributes; and he could observe the fitness of the many odes, lyrics, and madrigals on the skull, dedicated by Byron, Forster, Spencer, and others, who have made it a theme of song; he could, with these poets, see poetry in that "empty vault of former glory," but would fail to detect in the profession itself any spirituality, any inspiration, any sublimity, and in its exercise any cause for the development of a brightness of fancy, or the powers of imagery, with no chance of the passions ever being captivated by the charms of the beauteous creations of the mind. Such would ignore the Divine origin of the science, to which epical fancy has imparted a delightful coloring; and it is the character of this origin to which the present article is indebted for its basis, as it is antique medicine, which will be treated of.

If ever there was a science ushered upon the world with a bright halo of romance and sentiment about it, that science was medicine. Its very inception was poetry itself. Born of the gods, it was cradled in poesy, and allegory lent its charms to its growth; and naiads, nymphs, fauns, and satyres were invisible presences to impart a lustre to its inauguration, aided by all the mythological creations peculiar to the classic fields of the Hellenists.

Medicine derives much of its poetic element from the glamour which sheds itself over the mystic of the long ago. To invest a thing with an air of mystery is to impart to it a certain degree of interest it is said, "the witchery of the artfully difficult inspiring the mind that essays a solution." The charms of mysticism manifest themselves upon the feelings and emotions, so readily excited by the contemplation of the drama, which has been presumed to have been enacted by personages of a fabulous nature, possessing the attributes of gods, whose drink was ambrosia, and whose residence was elysium. The obscurity pervading the eras of history, marked by an exuberant fancy, and chronicled by minds whose imaginations were vivid, impress us sensibly. There is an innate disposition to remove the veil which hides the mysticism of the past, about which hang certain charms. The more fragile the nature of the curtain, the more flimsy its texture, the more etherial its substance, and the more gossamer-like the fabric woven by the agency of those whose delight it was to mystify the mind; the more acute the desire to remove the covering which rendered that contained within occult, there is an anxiety to solve the enigma. With what extraordinary interest were the oracles of old regarded, simply because they were invested with the fascination peculiar to mystery! What influence they wielded over the poetical mind! Mystery and an intense interest are nearly allied in the meaning they convey.

It is this poetic degree of mystification which imbued our science in its inception, especially among the Greeks, and which imparted so much of sentiment to its origin. Its originators were heaven-endowed, did we believe the laureates who sang their virtues, and their noble and god-like deeds; they lauded them in metrical composition, as they were heaven-born. Their simple cures, by as simple remedies, were extolled as wondrous manifestations of a Divine power, which inspired them. Their means of cure were regarded as the emanations of Deity, who had bestowed super-human faculties on these deified conservators of human health; their cures, though not puffed like some in the hebdomadal literature which marks certain eras, were inscribed on tablets more enduring. Every act in their profession was signalized by the eulogiums of the bard whose province it was to assist in exalting him into a hero by his verses. Fitly may Renouard designate this the mystic period of medicine.

Even the era of disease and suffering was introduced with poetry and fable to render these afflictions less formidable by an association of fable and fiction. The shaft of disease, to make it the less envenomed, was touched with poetry, fancifully speaking; and allegory encircled it with wreaths of flowers to impart a rich aroma with its penetration: so that when it entered the system, the victim gracefully submitted, with the consolatory reflection that it was an act of the gods.

Were we to place implicit confidence in Theogony, and the beautiful and marvelous fictions of medical mythology, we would then learn that it was through the beauty, fascination, and seductive allurement of Pandora, and her unwonted influence upon Epimetheus, that disease and its attendant ills escaped from the casket, sent by an indignant Zeus, and thus

afforded employment for countless disciples of the healing art, many of whom, by the way, have vegetated upon the hope that was left imprisoned in the cask.

Thus we observe the reign of bodily ills commemorated by fable, and commenced in poetry, with epics to hail its birth: for in the prevalence of their pestilences among the Greeks, we see their ideas of Divine manifestations of wrath shadowed forth, when their bard said:

"Thy direful darts inflict the raging pest."

And in another instance he says:

"Who may interpret the wrath unrelenting of Phœbus Apollo;
Whether for forfeited vow we are plagu'd, or for hecatombs wanting;
If, peradventure, by savour of lambs, or of goats without blemish,
Anger divine may be soothed, and the pestilence turn'd from the people."

As in the case of the wounded foot of Philoctetes, and in their plagues, in which they saw the wrath of Apollo, they exerted themselves to appease the gods by savors. "These immediate interpositions of gods with men, for both good and evil, were the keystone to this early faith. The rhapsodists taught and the children chanted the Homeric poems, till they dreamed out in reality that fauns and satyrs were sporting in the groves, nymphs bathing in the crystal streams, and sacred deities ever winging a feathery flight 'twixt their own green vales and the palatial halls above."

"We see the religion of that primitive period associated with medicine, which made the poetry more sublime. It contemplated a deity who watched over their interests and welfare, and the mind essayed to commune in its primitive manner with the intelligences above; its searchings were directed heavenward, or, at least, to regions which they supposed their deities inhabited." Without the aid of Divine Revelation their aspirations were for something beyond the sphere of their graves, cemeteries, or sarcophagi. There was something inherent, which gave them the conviction that there was a supremacy, and although their notions concerning the deification of their masters of the healing art were crude, but, certainly, poetical, yet it was a form of adulation, which was not only pardonable but commendable, since it was an incentive to labor, on the part of others, for the cause of humanity; the age was well calculated to stamp the science of medicine with the imprint of poetry, for the passions and feelings were such as to favor the impressions.

Mythology declares that medicine was a divine art, originated in heaven among the gods, who formed a style of medical association, over which Apollo presided as the principal medical divinity, and fed on nectar and ambrosia, a diet differing materially from the less etherial one, with which modern patrons have to content themselves. Diana and Ilythia, the daughters of Juno, were renowed in their branches, and their skill was perpetuated.

How consoling it was to the female to know that she was watched over by an invisible and potent spirit, who was a guardian angel to her!

The gods, in Olympus, sometimes had occasion for the exercise of their talents, for the divinities themselves ever and anon received a chance blow in the wars of the Greeks and Trojans, and from the thunder-bolts of Jupiter. We find in the Iliad where some of these divinities, in one of the battles, came off second best, and incontinently traveled back to Olympus, looking much more woe-begone than when they departed. The tempting Venus herself returned with quite a wound in the palm, on which Diana infused the balm, after wiping away the sacred ichor; and of hell's grim king, it was said:

"To Jove's high palace for a cure he fled,
Pierced in his own dominions of the dead:
Where Phæon sprinkling heavenly balm around,
Assuaged the glowing pangs, and closed the wound."

The same authority tells us, when the God of War was wounded, that

"He who shakes Olympus with his nod,
Then gave to Pæon's care the bleeding god:
With gentle hand the balm he poured around,
And healed the immortal flesh, and closed the wound,
As when the fig's fresh juice infused in cream,
To curds coagulate the liquid stream.
Sudden the fluids fix, the parts combined,
Such and so soon, the etherial texture joined."

A number of other instances do we find where the celestial beings suffered: these are sufficient to show that if Poetry consists in opening up to the mind new creations, and by an endless combination of materials, fashioning ideal beings, there was true Poetry in the fabulous narrations of the condition of medicine in Olympus, where, it is said, dwelt about thirty gods and goddesses learned in the art, the worship of whom was based on the truth that "to preserve and repair is nearly as admirable as to create."

This poetic principle is even seen in the protection of the bodies of men after death upon the battle-field, as when the corpse of Hector, though life had been extinct twelve days, was subjected to the indignities practised upon it by Achilles, was fresh when the father came to ransom it: sacred Phœbus

"——— Kept the nerves undried, the flesh entire,
Against the solar beam and sirian fire."

These gods dealt in perfumes of ambrosial dews to restore the freshness of their warriors, after wounds, and styptics to arrest the flow of life's current. Unction with ambrosia was also tried by Apollo upon the body of Sarpedon, after washing it with flowing water, rendering it incorruptible, which was one of the virtues of the substance. Apollo was presumed to have especial cognizance of the bills of mortality among men, and Diana that of women, whilst Hygeia watched over the health.

The age of Æsculapius, when the rudiments of medicine first began to be understood, was replete with imagination, sentiment and exalted feeling, we read, and in its inauguration among the Greeks, was considered god-like. Æsculapius was worshiped as a god, and temples were dedicated to him; votive tablets were suspended from the walls of those temples, the offerings of those who had been healed, describing the disease, and the means of relief resorted to: these edifices were frequented by the sick and suffering, with the confident belief that divine means of cure would be imparted to them, whilst they laid themselves down to sleep in the sacred enclosure, with the view of receiving revelations in their dreams by which they might be healed, and in the event of their failing to receive these inspiring revelations, to consult the lineal descendants, who professed to be learned in the medicinal virtues of herbs, a knowledge of which was so great, that they were able to cure the sick, heal the wounded, and even restore the dead to life, as they had all the advantages of their progenitor's mastery of the art, and their own experience. To continue the recital of the history of the times, as it is recorded, the language of the age was Poetry; a fervid imagination supplied the Poetry of Medicine with agents and events, to give it the semblance of the real and true. Allegory was called into requisition to substantiate the art, and give it the basis for the times, when the Poet swayed the masses, and wrought upon the feelings, and developed the emotions by his figures and fables, emitted in classic style.

Dressed in such garbs, fashioned by fable, allegory, and poetry, with all the other agreeable shapes, which a heavy draught upon an exhaustless imagination could impart, can it be wondered at that considerable fascination should invest the science, or rather art, as it might be designated, at that period?

The ancient Greeks were a poetical nation, and every subject that they touched bore the impress of their poetical tendencies: they invested the most common-place themes with a beauty of style, rendered so by the peculiar fervor of their language. They arrayed everything in this characteristic garb. Such is a partial history of the times.

Now, in such an age, and under such propitious circumstances, medicine could not possibly escape receiving the impress of the times. But did not this alliance of Medicine and Poetry prejudice the former? With such a *mélange*, was it not difficult, it has been asked, to separate false facts from those which were true? Events and agents, it is true, were not wanting whereby a basis might be formed for the science, but such a coloring was imparted to them, that it was difficult to estimate their real worth: the poetical license was called in play to recount the deeds of some incipient disciple of their deified founders, with an exaggeration of style peculiar to them, or to extol the manifold virtues of some plant, herb, or means of cure: the progress of medicine was sacrificed to the poetic spirit of the age. The *status* of the profession was different from that of the present day, for the physician was greatly venerated, and was regarded as a Superior Being, intrusted by Heaven with their well-being.

The very obscurity that dwells about the science of that time, invests it with a charm that is more than agreeable: it leaves the imagination to depict the deeds of the heroes of medicine of that age, and of their wondrous powers and marvelous cures. The custom of transmitting a knowledge of the science from father to son, keeping it in the priesthood, or teaching it in a kind of sanscrit, rendered it an arcanum, with which only certain ones were to be made acquainted, causing outsiders to view it as a holy of holies, not to be penetrated by the vulgar gaze.

An enthusiastic mind may imagine the fame and renown attached to these professions. Al-

though we may regard the existence of an Æsculapius as a myth, we can imagine the honor of the erection of temples and votive tablets. We can contemplate these facts with poetic emotions, a fervor of feeling, and enthusiasm of soul. It is related that those who consecrated a temple to this mythical personage did it not only because they were under obligations to him for his great services, but they supposed his spirit would abide there, hallow it, and imbue it with the virtues which he possessed, and that the healing atmosphere pervading the temple would relieve the same affections which he had cured in his life-time. Was there no Poetry in this idea? If the purport of Poetry is to stimulate the fancy and excite the feelings, as is said, then was there true poetry in the conception of these beautiful designs of a sovereign deity, with his healing presence, ever hovering over the sacred precincts to minister to the sick and afflicted.

To carry out the poetical view, these temples were erected in the most charming spots; motives of salubrity influenced them, also. A smiling and fertile country was selected; a spot bordering on the sea, where the view was expansive as their own souls. It might be a valley circumscribed with hills and crowned with woods; a sacred grove where sylvan deities were supposed to abound, with purling brooks to delight the senses, and freshen the thoughts; or a locality where a spring gushed forth and laved the walls of the temples of health. Can the mind find no poetry in these arrangements?

The desire of those followers of Æsculapius to discover some means of exemption from death and old age, some *elixir vitæ;* and their belief in the possession of these faculties by their gods, indicate a sublimity of feeling and purpose.

Mythology teaches us that the patron of medicine was reared by the Centaur Chiron, and that his inherent knowledge of the branch was great, and his aptitude to learn superhuman. The family of the Asclepiads, to which the science was confined chiefly, dwelt near the temples, whither the sick came for relief. These doctors recognize Æsculapius as their actual progenitor. What a fertile field for the exercise of the talent of the ancient poet! Is there nothing sublime in reckoning one's descent from a god? or none of the poetical principle in tracing one's lineage back to a hero whose widely-known fame had caused his deification? And can we discover nothing of this vein in the fact of the votaries of the god sleeping in the temple in order that they might be favored with healing suggestions in their dreams? As all bodily ills were supposed to come from the gods, and to be the sequences of their ire for sins committed, they looked to them for cure.

Podilarius and Machaon, sons of the god, were held in great repute during the Trojan war. Of the latter, when wounded, and when "trembling Greece for her physician feared," it was said,

"A wise physician skilled our wounds to heal,
Is more than armies to the common weal."

It is related, that while Æsculapius was restoring Glaucus to life, Jupiter killed him with a flash of lightning, as he feared lest men might contrive to escape death altogether, or because Pluto had complained of Æsculapius diminishing the number of the dead; but, on the request of Apollo, Zeus placed him among the stars. This was a novel conception. No physician, *par parenthesis,* need be apprehensive of such a fate, and such a translation among the stars, because of unwonted success.

The Greeks even indulged in what might be termed an infernal sentiment: for they had poetical ideas even concerning the plague, with which they were often afflicted. In the Iliad, we read,

"As vapours blown by Auster's sultry breath
Pregnant with plagues, and shedding seeds of death,
Beneath the rage of burning Sirius rise,
Choke the parch'd earth, and blacken all the skies."

And again,

"Orion's dog, (the year when autumn weighs,)
And o'er the feebler stars exerts his rays:
Terrific glory, for his burning breath
Taints the red air with fevers, plagues, and death."

Though the simplest forms of medicine were understood, being confined to the knowledge of healing wounds by styptics and salves, still those methods they did practice had a degree of poetry about them. Their "soft arts of pharmacy" were often poetical.

The famous Promethean unguent was prepared from an herb which sprang up where the blood of Prometheus dropped; this unguent was endowed with wonderful magic properties, and premedicated the system against fire and sword: this is a poetical idea.

An amulet was a charm, or something which was worn around the neck, and by the wearing of which the person was supposed to be defended from the admission of all evil; in particular, it was presumed to be an antidote to the plague.

Serpents were connected with the worship of Æsculapius, because they were a symbol of prudence and renovation, and were believed to have the power of discovering herbs of wondrous properties; they were kept in the temples. It is said the ancient medals represented the goddess Hygeia with a serpent three times as large as that carried by Æsculapius, to denote the superiority of hygiene to medicine—prevention to cure. In all these symbols there was some poetry, and much design. At Rome, later than the age of which we have been speaking, the worship of this god was introduced, at the command of the Delphic oracle, to avert a pestilence—a sublimity of method indeed.

Hippocrates adopted quite a poetic plan to stop the plague at Athens. Among other means he hung up chaplets of flowers to stay the ravages of the destroyer; and in the gymnastic games of the feast, Panathemia, a herald, proclaimed that the people of Athens had conferred a crown of gold upon Hippocrates, in gratitude for the signal service which he had rendered to the State during the pestilence.

The manner of determining the prognosis was equally poetic with the treatment. They arrived at their conclusions respecting a given disease by the flight of birds, by consulting the stars, by dreams, and other fallacious means.

Leaving the Hellenists, we observe in the Israelites some of the poetical character of treatment. In the many rites laid down in Leviticus, we remark the treatment of the Leper, by the priest: for the cleansing of this leper—"Then shall the priest command to take for him that is to be cleansed, two birds alive and clean, and cedar wood, and scarlet, and hyssop; and the priest shall command that one of the birds be killed in an earthen vessel, over running water. As for the living bird, he shall take it, and the cedar wood, and the scarlet, and the hyssop, and shall dip them and the living bird in the blood of the bird that was killed over the running water; and he shall sprinkle upon him that is to be cleansed from the leprosy, seven times," etc.—This is truly poetical.

The same method with birds, cedar wood, scarlet and hyssop, and the same rites over running water, were practised when the walls of the houses became infected with a species of fungi. Uncleanliness by issues is treated in the same way, with the exception that the person affected bathed himself in running water.

The treatment of Naaman's leprosy by Elisha was equally poetical. The prophet's language was, "Go and wash in Jordan seven times, and thy flesh shall come again to thee, and thou shalt be clean." The fee he designed for the prophet that cured him was better than poetical, by the way, for it consisted of ten talents of silver, six thousand pieces of gold, and ten changes of raiment, equivalent, it has been computed by some, to one hundred thousand dollars—the largest medical fee ever recorded. There was something real and substantial about it, and was calculated, like poetry, to rouse the energy of the passions, and to excite the emotions by producing new figures.

Not only among the Greeks and Hebrews do we find much of medicine enveloped in fiction, and cradled in fable and allegory, but among the Chinese, Egyptians, and Indians, all of whom had their strange and ingenious theories, more poetical than substantial. The origin of the science with all these people had something of the essence of poetry about it; but it is to Grecian mythology especially that it is indebted for the spirit of the immaterial principle which has ingrained itself into history, imparting a tint rich in the extreme and pleasant to contemplate.

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The Future of Medical Science.—No fact in the history of scientific and social progress is more clearly established than that those great men who have astonished the world by grand discoveries, or revolutionized public opinion by the strength of their own convictions, have succeeded mainly by favoring circumstances. It always happens that the labors of the many are utilized by the genius of the one. When Newton weighed the universe in the balance of his intellect—when the daring spirit of Columbus discovered a New World, each did so by reasoning upon accumulated facts. In the fullness of time the knowledge of all that constitutes health and disease will be accomplished by the self-same process. Sooner or later, some medical Newton will arise in his power. His master-spirit will dispel all apparent difficulties. By the application of some simple law, a test drop from the divine fountain of truth, he will at once discriminate between the mingled facts and fallacies of all preceding ages.—*Dr Leared's Oration—Lancet, March* 30.

Illustrations of Hospital Practice.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Gross.

April 3, 1861.

DISEASE OF THE KNEE JOINT.

John Smith, æt. 20 months, has an affection of the knee-joint, which has been of nine weeks duration.

Apart from the condition of the limb the child presents a healthy appearance, but the knee is evidently very seriously affected, for it is swollen in every direction, presenting a very striking contrast, as compared with the sound limb.

There is, evidently, inflammation of some kind, which is most likely to be of a strumous character, though it might be of a syphilitic, gouty, or rheumatic character.

In determining the nature of a case of this kind all these circumstances must be borne in mind.

In the present instance the parents of the child are both well and perfect; the child has a light complexion, one indicative of the strumous diathesis. Before the affection of the knee manifested itself, the child had a wheezing respiration, with which it had been long troubled, but which ceased with the commencement of the disease of the joint.

The limb is almost semi-flexed, is painful when moved, and cannot be used in walking. The child sleeps restlessly, but has a good appetite; he is at times a little feverish, but he has no symptoms of this kind coming on at any particular time, or returning at regular intervals; the bowels are rather loose.

The probability is that this is a case of synovitis, depending on some peculiarity of constitution, not unlikely strumous in its nature, for it is rare to meet ordinary inflammation in a child of this age, independently of external injury, and, therefore, it may always be assumed that such disease is of a specific character, and where there is an absence of syphilitic taint, of gout, and of rheumatism, it may be assumed as a general proposition that the disease is of a strumous character, and it is taken to be of that nature in the present instance, an opinion which is strengthened by the existence of a less degree of pain than would have accompanied gout or rheumatism.

The child has been permitted to go about as best it could, and the use of the limb has, undoubtedly, been a source of aggravation.

It is of paramount importance in the treatment of affections of the joints to enjoin absolute and unconditional rest. The child should not have been permitted to walk about for a day after the occurrence of the disease, but should have been confined to bed, while mechanical means should have been employed to keep the articulatory surfaces in a state of perfect quietude. The patient should be confined to the horizontal posture.

A binder's board splint, two and a half inches in width, should be placed along the posterior portion of the limb, to extend as high as the middle of the thigh, and as low down as the middle of the leg, and should be confined by means of several turns of the roller, above and below, so as to leave the joint exposed in front and at the side for medicating purposes.

An application will be made of a strong solution of the acetate of lead with a little laudanum, about one ounce of the salt to half a gallon of water, with about two fluid ounces of laudanum.

In these affections of children, laudanum should not be used too freely externally, lest too much of it be absorbed, and thus exert its peculiar influence on the system, for in children of delicate skin the absorbent powers of the cutaneous surface are very great.

This is a rubefacient and refrigerant lotion, and should be applied tepid on a piece of flannel of several thicknesses, and arranged so as to cover in completely the whole of the affected structures. It should be replaced every other day, and covered in the meantime with oiled silk, which may be removed whenever it is necessary to wet the flannel, which plan is much preferable to a too frequent disturbance of the part by removing the entire dressing whenever it is requisite to repeat the saturation.

It will be well enough, also, to purge the patient every other morning with a combination of one grain of calomel with three grains of rhubarb, and one grain of the bi-carbonate of soda as an antacid.

The diet must be regulated, avoiding very stimulating food.

CASE OF FUNGUS HÆMATODES.

Sarah W., æt. 39, married 21 years. Between fifteen and sixteen years ago she noticed a tumor growing behind the lobe of the ear, which was about the size of a large pea, appearing to be loose under the skin; it grew for the space of a year, attaining the size of a blue-bird's egg, and at this point it remained stationary for five years, when it began to grow again till it got to be the size of a walnut, when it stopped again until ten months ago, when it again began to enlarge, having increased steadily from the size of a walnut to its present dimensions, about the size of a man's fist.

A portion of the tumor is situated behind the ear, a considerable portion is in front and below, and it extends about as high as the zygomatic process of the temporal bone. It involves the lower part of the ear, the lobe appearing to be buried in it. It is twelve inches in circumference, and the surface of the tumor

is distinctly lobulated, and some of the lobules are very red, the skin being evidently in a state of inflammation, probably in consequence of the degree of tension which the tumor exercises upon it, and at one point there is a fluctuation and a little opening, from which exudes a bloody fluid. In front, there is much congestion, with some discoloration of the integuments.

The tumor extends some distance below the jaw into the neck, and is very firmly attached. It presents various degrees of resistance, in some places being hard, and in others quite soft, and in two places fluctuating. There is not much pain at present; but, before the discharge commenced, it was at times extremely painful.

The tumor, doubtless, extends deep down in front of the ear between it and the angle of the jaw, perhaps pressing very firmly on the parotid gland, which, in all probability, has become atrophied from the pressure which has been exerted upon it.

The patient is stout, weighing over two hundred pounds, but she looks somewhat anæmic, and presents that peculiar expression denominated the carcinomatous cachexia. Her appetite is good, and she sleeps well at night; the catamenia are regular, as also are the bowels. She has not lost flesh, and feels strong.

This is evidently a case of encephaloid, fungus hæmatodes, or soft cancer.

Whether the disease began, fifteen years ago, in a little gland behind the ear, in accordance with the patient's description of the case, is rather doubtful. Such a tumor may have existed, but it could not have been of this malignancy at that time. Dr. Gross has never known a case of encephaloid to run on anything like that length of time. It may have been originally only a diseased lymphatic gland, and this remaining stationary the morbid action being kept in abeyance, and afterward, from some cause, it may have taken morbid action, going on for a certain period, and then again remaining quiet, until some cause imparted to it a new activity, in which it has become malignant.

It is not improbable that, when a structure happens to be the seat of disease for a long period, it may ultimately become the seat of heterologous formations.

Of course, the treatment of this case will be palliative, being beyond the reach of surgical benefit.

Fatal Hemorrhage from the Vertebral Artery occurred recently in a case which was lately presented at the Surgical Society of Paris. The cause of the lesion was caries of the transverse processes of some of the cervical vertebræ.

Incubation of Hydrophobia—An Italian medical journal reports two cases of rabies, the incubation of the first of which was five months, and the second fourteen months.

EDITORIAL DEPARTMENT.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 13, 1861.

DWELLINGS FOR THE POOR.

Miss Burdett Coutts, of England, and the late Abbott Lawrence, of Boston, Mass., have given a practical direction to benevolence, in their efforts to improve the dwellings of the poor. Miss Coutts is wisely, during her lifetime, expending a portion of her immense wealth in erecting tenement houses, to which are applied the principles of modern sanitary science, and which are rented at low rates to the laboring classes. By his will, the late Mr. Lawrence left $50,000 to be applied to the same purpose.

This, we have said, is giving a practical direction to benevolence. But there is no necessity of its being benevolence, in the ordinary acceptation of the term, for it has been proved, again and again, that buildings, with all the modern sanitary improvements, can be erected for the laboring classes, and yield, in moderate rents, a fair per centage on the outlay. Such has been the experience of the London societies for improving the dwellings of the industrious classes, and of other companies and individuals who have devoted their attention to this matter.

It is surprising that this age of benevolence and care for the poor, has done so little to improve their *modes of living*. Charity seeks out the outcast, the suffering, the sick, and the dying, in the most revolting localities. The dark, dank cellar, and the cold, cheerless garret, are lighted up by the sympathising countenances of angels of mercy; but they thus pass on, from garret to cellar and cellar to garret, scattering blessings, it is true, but taking it for granted that the poor must live in this manner, yet bestowing no thought on an improvement in their methods of living, and the effect it would have on their health and morals. But just here is one of the largest fields for the exercise of practical benevolence—a benevolence that would ultimately return a large pecuniary compensation, not only to individuals, but to the community likewise.

The lives and health of their laboring classes constitute an important part of the capital of our cities. What would millions of money be without labor? Where would be the commerce of New York, or the manufacturing interest of Philadelphia, without brawny arms, hard hands, and robust frames, to develop them? Like money, labor must be active to be remunerative. Life must not be prematurely cut off, nor must time and energy be wasted by sickness. A sick person, instead of being a producer, becomes a consumer; and in proportion to the number of its population who are incapacitated by sickness, vice, or idleness, from being producers, is a community impoverished.

Hence the importance of improving the condition of the dwelling-houses of the laboring classes. A large part of the laboring population of our cities live under sanitary influences that tend to a physical and moral degradation, which incapacitates them from contributing their per centage to the stock of interest accruing from labor. They live in houses—God save the mark!—planned by avaricious landlords, whose sole thought and aim is to get as much interest money as possible out of the investment they make in brick and mortar. Life, health, morals, tears, and blood,—what are they, weighed in the balances against ten, twelve, fifteen per cent. interest? Our merchants and manufacturers, our city governments may not know it, but avaricious landlords are preying at a fearful rate upon their incomes. The vile dwellings occupied by a large proportion of our laboring classes, tend to foster intemperance, vice, and their concomitant diseases, to shorten life, and incapacitate their occupants from laboring to advantage while they do live. The denizens of the purlieus of Bedford street or the Five Points, of Pine alley or Rotten row, do not contribute their quota to the wealth of our cities. On the contrary, a large proportion of them work but little, and that to little purpose, and are familiar with all our public corrective and charitable institutions.

The great fire of London was a sad present calamity, but its ultimate effect was greatly to improve the dwellings of a large proportion of the inhabitants of a city, destined to be one of the largest in the world, and thus benefit, incalculably, the generations that have since inhabited it. And there are portions of our large cities now, which, could they be cleansed by fire, and rebuilt with a better class of houses, though the present loss and suffering might be great, future generations would alike be benefited.

In view of the desultory reasons given above, and of others that might be adduced, we hail with pleasure any effort made to improve the dwellings of our laboring classes. The executors of Mr. Lawrence's will have decided upon the following plan for the model dwelling houses which it provides for. The description is very meagre and unsatisfactory, still, we give it as a stimulus to thought on the subject:

"Each building will be nearly rectangular, forty-one feet wide by sixty-three feet long, four stories high, with French roof, built of brick, with freestone dressings. The building will be so located on the lot as to admit of drive-ways upon all sides, thereby giving an abundance of light and air to all the tenements. There will be four tenements upon each of the five floors, arranged with four rooms for each tenement, with closets, such as water closet, store closet, coal and wood closet, and clothes presses. Each tenement is entirely separated from the other tenements by brick partition walls. The entrance hall or street passage is in the centre, longitudinally, and runs quite through the building, with a rotunda in the centre, sixteen feet in diameter, in which are placed upon either side of the hall passage a flight of cast iron stairs. The hall passage, as well as the walls of the rotunda, are built of brick, and the floors are built with brick throughout, rendering the entrances, from bottom to top, nearly fireproof. In the basement will be arranged a store cellar for each tenement, and a public bath-room. All the rooms will be amply lighted and ventilated."

The following extract shows the influence of proper sanitary regulations in reducing the amount of sickness and mortality:

"Edwin Chadwick, Esq., of London, recently delivered an address on this subject, in which he stated that in several districts known to him, by a proper drainage within the houses, and the use of water led into them by pipes,

the death rate had been reduced one-third annually. He said, 'I know one instance, in an agricultural district, and with laborers alone, where the death rate has been reduced to less than one-half, and within twelve in a thousand. From common lodging houses, the enforcement, through the police, of sanitary regulations, typhus and diarrhœa, as epidemics, (whilst prevalent among the houses of the laboring classes,) are banished. In our well-regulated district institutions for pauper children, those epidemic visitations which ravage the children of the families of working men are almost unknown, and the death rate is reduced to one-third that prevailing amongst their children. The death rate among British soldiers used to be 17.5 per 1,000 annually; now, by sanitary reforms, it is reduced to 4.7 per 1,000.'

"The city of Liverpool, in England, used to be one of the most sickly in the world, but owing to the scientific sanitary measures which have been carried out in it during the last few years it has become one of the most healthy. During the past ten years there has been a reduction of thirty per cent. in the mortality bills. This, certainly, is a very important subject, and yet it is very difficult to excite the public mind to give it proper attention."

SPIRIT OF THE MEDICAL PRESS.

The following editorial remarks in the Nashville *Journal of Medicine*, for April, so exactly represent our own feelings in regard to the American Medical Association, that we reproduce them entire, thankful that so able and influential a member of the editorial corps unites his voice with ours in the expression of such sentiments:

"*American Medical Association.*—Some power—some great moral force—to sustain and encourage the good, and rebuke and confound the bad, is an absolute necessity in every form of government, whether that government be instituted for the regulation of the affairs of an empire or those of a profession. It was reserved for American physicians to become the originators of such a governing force for the regulation, development, and honor of their profession. A grand representative body, meeting every year, and representing every interest pertaining to the entire domain of medicine. There is not an honorable, scientific physician in America but must feel that he owes it to himself to exert his entire influence to sustain this government of his profession. There is no connection between medicine and state, and politics have never exerted any influence upon the former. It can never become sectional—it never *was* sectional. It is alone bounded by the confines of sin and misery. Its great and good professors lived through the convulsions of revolutions baptized in blood, without considering such political metamorphoses of sufficient importance to speck their immortal pages by a bare allusion. Sydenham wrote and practised during the troubles of the Cromwellian revolution, but nowhere even incidentally alludes to them. When London, the city of his residence, was almost destroyed by the great fire of 1666, although an event afterward noticed as exerting a favorable influence upon its diseases, the great master leaves this physical, with the religious and political revolutions of his time, uncommemorated by a word. He, whatever his works as a man, as a physician, lived and moved and had his medical being in an upper and purer atmosphere.

"Now, while American physicians are likewise men, after the manner of men, as such, they must have their political prejudices and animosities. These privileges are their inheritance. But the lofty among them, the moment they assume the physician, will clothe themselves in his pure and unsullied habiliments, and overlooking in their elevation every line and landmark drawn by the political diplomatist to separate his suffering fellow-mortals into distinct empires, kingdoms, states, or principalities, feel that their mission is to mankind, whose elements are as inseparable from each other as they are inseparable from Jehovah.

"The founders of the American Medical Association were wise enough to foresee the metamorphoses of nations upon this continent, and in establishing a government for its profession of medicine, placed it above the reach of revolution. There is nothing *national* in the Association. It was designed for America with its one or one hundred nations. It is not the Medical Association of the United States;—not at all. It is the American Medical Association. We have seen the profession of Canada represented in it, and hope to see members from Central and South America raising their voices in it for the general good. It could constitutionally hold its meetings in Vera Cruz, Montreal, or Havana, as well as in Charleston or New York, and would do so upon invitation. We hope to see a large meeting at Chicago in June next. The Garden City can accommodate all that go. Let every physician of America, from ocean to ocean, and from the Gulf of Mexico to the north pole, feel that—

"'No pent up Utica bounds his view,'

and that he owes it to his profession to stir up the members of his local medical society, to see to it that a full representation shall be had."

"Summary of Medical Sciences."—We would call attention to the advertisement of this work. It is one which should receive the support of the profession. Hitherto we have depended on the republication of English summaries to meet this want. There is no good reason why a work of this kind should not be supported in this country, and if Mr. Evans will persevere in his efforts, and they are well directed, we predict for him a hearty support. When the work is issued we will announce it, and hope that our readers will send for a copy and examine it for themselves.

Correspondence.

A NEW TITLE—NOT A NEW "DEGREE."

Messrs. Editors:—In looking over the pages of your excellent Reporter, we are not a little gratified in seeing the subject of a new title, (improperly, in our opinion, denominated the "new degree," as there can be no degree, properly speaking, above that of Doctor of Medicine, no matter by what body conferred,) or rather a means effectually to prevent the impositions of ignorant quacks upon an unprotected and often too credulous public, discussed through its columns with so much *vim* and interest. It is a subject well worthy the attention of the profession, especially as quackery has acquired such fearful proportions, and is making so much havoc of human life and health; and we hope these investigations will not be relinquished until some permanent good is secured both to the profession and to the public.

That some means, if any, can be devised, by which the public mind can be set right in relation to a matter of such vital interest, or be taught to distinguish between the true physician—the educated, scientific practitioner, and the empiric, or uneducated, and oftener unprincipled charlatan, is a *desideratum*—"a consummation devoutly to be wished," no one, we think, will for a moment question. We are compelled to differ in some respects from those who have given expression to their sentiments upon the subject. We cannot conceive how any such benefit is to result from a mere change of title, especially for one possessing no advantages over, and no less easily assumed than our old time-honored and much revered M.D., which has distinguished the regular profession of medicine in all lands from outside pretenders from time immemorial. The former would be *national*, it is true, but the latter is *cosmopolitan*.

The author of a short article, over the signature of "U.," in a recent number of the Reporter, says:

"A title or a degree can be conferred upon the scientific practitioner of medicine, which shall in any land distinguish him from the imposter. Let us then have a national degree," etc., and suggests that the present M.D. be retained with the addition of N.L., (National Licentiate.) Now, we are not going to dispute that this may be so, but we would like to have "U." or some one else explain, not so much how the title can be conferred, but how it will distinguish him as the one to be employed, from another who professes to belong to a "*new and improved school*," and whose N.L. is supposed to have been derived from an equally intelligent authoritative body? Certainly the additional title of N.L. can be as readily assumed by outsiders as that of M.D., and the real disciples of genuine medicine as easily imitated in this as heretofore in the use of M.D., and with the credulous public, these, to them meaningless characters, will have as much weight applied to the one class as to the other. Other "schools," as they are called, whether "new" or old, "improved" or unimproved, may form national societies, and the homœpaths, (meager though it may be,) already have one, corresponding to our A. M. A., and how soon may we not expect, judging from the past, to be imitated in any and every such manœuvre.

The same remarks will, of course, apply, and with equal reason, to the title of M. A. M. A., (Member American Medical Association.)

The present difficulty, we opine, does not consist in any failure of the old title fairly to represent him who has faithfully and honorably acquired it, or in any impression that it implies less now than heretofore, but in its misapplication, together with a want of appreciation of its real signification. Also, the habit or custom in our country of each or all assuming to be judges for themselves as to what medicine is, is a source of much mischief.

Again, admitting that M. D. N. L. or M. A. M. A. could not be assumed, or that communities could not be deceived into any other belief than that these characters were invariably the just and merited reward of years of mental discipline and toil, and hence, the true index of the genuine medical man, the plan would, almost necessarily occasionally result in awarding the unworthy—the hypocrite—with the new title, as many of the advocates of the so-called improved systems are well posted in medicine proper and are practising what they know to be a fraud in every sugar pellet they exhibit; but for whose influence, regardless of truth for the sake of lucre, and professing homœopathy while acting "allopathically," on any occasion to suit the tastes of their patrons, or it may be, in some instances, to reconcile their own consciences (if, indeed, they have any,) with the evidently approaching, dreaded dissolution of

their patients, should such submit themselves to the tests prescribed, unless the question as to whether the candidate has any homœopathic, hydropathic, electropathic, or any other pathic proclivities, was raised; and then a negative answer of the disguised "homeo," or other "path," would be equally as consistent as the trifling system he intends to practice, and he would have no more scruples in practicing the one falsehood than the other.

Now, it is true, we may be given to dullness of perception, or mental obtuseness, but really it seems to us that in order to secure the object contemplated in this, and the articles herein referred to, it is necessary that the heart of the profession be improved, the public mind instructed, and popular opinion corrected; the latter of which can only be accomplished by wise legislation. Then let the people in their sovereign capacity declare by judicious legislative enactments, that for any individual, under the pretence of being a physician or what not, to be found guilty of dealing out drugs, of which he knows nothing, or without authority—thus tampering with human life by attempting to rectify, when disordered, the intricate machinery which he as little understands, upon which it depends, is equally, if not more, criminal than frauds practiced elsewhere, and deserving of a penalty not less severe than that for manslaughter.

We have made the above suggestions out of no disrespect to any opinions expressed, but for the purpose of developing an important subject and eliciting further discussion.

LETTER FROM DR. COHEN.

Philadelphia, April 10, 1861.

Messrs. Editors:—I have just been shown in one of the secular papers an article copied from the *Maryland College Journal*, stating that your informant is in error regarding the habit of Baltimore druggists of dispensing Magendie's strong solution of morphia, unless the letters U. S. are attached to the prescription, as stated in the editorial column of page 71, Vol V., No. 3, of the Reporter.

The occurrence took place exactly as stated. The druggist has one of the principal and fashionable establishments on the principal street, but I refrain from doing him any injury by mentioning his name, inasmuch, as I trust that the remarks I made to him at the time, have induced him to be more circumspect.

He had not the officinal solution in his store, and made up in my presence, and at my request, by diluting the strong solution, one of equal strength, which I administered, and the proprietor himself told me, in the presence of Mr. S. N. Carvalho, of that city, that "it was not customary to keep the officinal solution on hand, and that the other was always dispensed unless the prescription read *liq. morp. sulph.* U. S., and that this was the general custom with all Baltimore druggists."

As the gentleman, who was with me, was the one who "escaped poisoning," his memory will be deemed sufficiently reliable to testify that "your informant is *not* in error."

Respectfully,

J. Solis Cohen.

NEWS AND MISCELLANY.

Jews' Hospital of New York.—The sixth annual report of the directors of this institution has just been published.

The medical and surgical staff consists of Drs. Valentine Mott, Willard Parker, and Thos. M. Markoe as consulting surgeons: the attending physicians and surgeons being Drs. A. B. Mott, Israel Moses, Ernst Krakowizer, B. W. McCready, E. Schilling, A. Jacobi, and A. J. Henriquez.

Dr. S. Teller is the house physician and surgeon.

Among the operations performed the last year, were resection of the knee-joint, extirpation of the mammary gland for strangulated hernia, forcible extension of pseudo-anchylosed elbow, sequestrotomia, and the usual variety of operations on the eye, anus, etc. etc.

The hospital report proper, as prepared by Dr. S. Teller, is one of the most elaborately tabulated we have ever seen, the changes being rung on the cases, their history, treatment, result, etc., in more than twenty different forms, showing an ingenuity which, while it excites in us a feeling of regret that so much labor should have been deemed necessary, cannot fail to gratify, in some of its varieties, the taste of the most fastidious.

The per centage of deaths is stated as a fraction over seven per cent., which is claimed to be four per cent. less than that of the other hospitals.

This may be accounted for, we presume, by the comparative superiority of accommodation, and probably to their not having received the usual proportion of malignant diseases, as sectarian establishments generally take care of their sick before they are as far gone as many who seek the charity of public institutions.

Of acute cases the past year, were admitted 149, of whom 4 died; of 79 cases of chronic disease, 3 died; of 31 incurable cases, 16 died. The list of incurables includes amaurosis, carcinoma of liver, of stomach, of womb; phthisis, diabetes, organic diseases of the heart, hepatic enlargement, encephalomalacia, hemiplegia,

melancholia, myelitis, tabes dorsalis, and, of course, irremediable *old age*.

The *Jews' Hospital* is situate on Twenty-eighth street, and is conveniently and thoroughly appointed. The wards are kept scrupulously clean, and are provided with separate appurtenances attached to each ward for purposes of bathing and cleanliness.

The institution has been open six years. It is intended solely for the relief of Jews, and, though a number of the contributors are members of a different faith, they are allowed no part in the management. The house physician, the superintendent, and most of the assistants are Jews, and their own ministers in turn have charge of the spiritual welfare of the inmates in their periodical visits to the hospital. One room in the hospital is devoted to divine worship, and is provided with a reading desk, an ark enclosing scrolls of parchment containing their law, the books of Moses, inscribed in Hebrew characters, and their service is rendered in Hebrew as in all Jewish synagogues.

In accordance with the injunctions of the Hebrew law-giver, no prohibited food (see Leviticus, chap. xi.) is permitted within the walls. Thus everything is conducted in strict accordance with their ancient customs, in conformance to some of the curious dogmas of which prohibiting "mutilation of the dead," they do not, except under rare circumstances, allow investigations by examination post-mortem, thereby depriving the medical attendants of their only source of satisfaction in doubtful diagnosis.

At a recent banquet and ball given by the directors for the benefit of the hospital, they realized, as per statement in their report, the handsome sum of $9,800.

The hospital is supported by private subscription and donations, some of which have been of most princely character.

The New Pathological Museums.—The pathological museum of the Pennsylvania Hospital is making satisfactory progress, and although but recently commenced, contains many specimens of value. The manner in which the preparing and mounting of the articles has been done is evidence of the skill and industry of the curator. At the Philadelphia Hospital a large amount of pathological material has been collected, and temporarily preserved until a proper hall for its display is constructed.

These museums will soon become highly important points of medical interest and utility, and should receive the fostering care of the managers of the institutions in which they are located, and the especial interest of the medical profession of Philadelphia. They will be the recipients of pathological specimens which often occur to practitioners, and which have heretofore not been cared for, and of many which, isolated in private cabinets, have intrinsically little value, but which, arranged with their analogues in a large museum, are objects of great interest.

Such articles may be sent to Dr. Morton, Curator of the Pathological Museum of the Pennsylvania Hospital, or to Dr. Agnew of that of the Philadelphia Hospital.

Philadelphia Hospital.—The following gentlemen, who were elected Resident Physicians of the Hospital, entered on their duties on the 1st instant: Drs. M. H. Picot, of Philadelphia; J. M. Leete, of Mississippi; G. M. McGill, of New Jersey; H. Allen, of Philadelphia.

Jefferson Medical College.—At a meeting of the Board of Trustees of this institution, held on Monday last, Dr. William V. Keating was elected Professor of Obstetrics in place of Professor Chas. D. Meigs, resigned.

The editors of the Cincinnati *Lancet and Observer* present their readers with a fine steel engraved likeness of the late Dr. Phillip Syng Physic, in their April number.

Astea Requent Mentes.—Two British insane asylums have each a journal edited by the inmates. The titles are the *New Moon* and the *York Star*.

Erratum.—In our last number, an error occurred in Dr. Agnew's article in transposing the illustrative cuts. Readers are requested to turn to that number and make a note of the error. The cuts are on pages 4 and 5.

MARRIED.

Barr—Nichols.—On April 4, 1861, at Sterling Hall, Columbus, O., by the Rev. Warren Jenkins, R. N. Barr, M. D., Demonstrator of Anatomy in Sterling Medical College, and Miss Frances, daughter of the late Rev. H. M. Nichols, of Middlebury, Vermont.

DIED.

Lewis.—On March 26th, at Eatontown, Ocean township, N. J., John P. Lewis, M. D, aged 72

Dr. Lewis was born on the Highlands of the Navesink, in the town of Middletown, N. J., on the 1st of October, 1788, where he remained with his parents till the age of seven years, when, being adopted by a maternal aunt, he removed to Shelburn, Nova Scotia, where he remained, enjoying the benefits of a classical school of high reputation, until he attained the age of fifteen years, when, his friend and relative dying, he returned to his native State, and continued the prosecution of his studies under the instruction of the late John Woodhull, D.D., pastor of the old Tennant Church, Freehold, Monmouth county, New Jersey. In this connection he remained until he attained such proficiency in his classical and scientific studies as were, at that time, deemed amply sufficient for a successful prosecution of the medical profession. After completing his preparatory studies, he placed himself under the instruction of Dr. Aaron Pitney, of Mon-

mouth county, one of the most able and successful surgeons of the age. At the same time, he attended, during the winter season, the lectures of Drs. Hoosack and Post, professors in the Medical Department of Columbia College, N. Y., also receiving from those eminent physicians private instruction, in company with the late Dr. Francis, whose confidence and friendship he enjoyed through life. The well-remembered difficulties which arose at that time in Columbia, in reference to the limitation of the charter to academic degrees, delayed the conferring the degree of M.D. for two years, until 1812, not only in his own case, but many others of his fellow-students. He presented himself to the Medical Society of New Jersey for examination, in 1810, and was immediately admitted to practice, which he commenced at Manasquan, where he remained till the summer of 1811, when he removed to Eatontown, where he successfully continued his practice until a few weeks before his death. In 1848 he was attacked with stubborn diarrhœa, which soon assumed chronic form, and continued at intervals until its fatal termination.

As a successful practitioner Dr. Lewis attained an enviable reputation, evidenced from the large concourse of people who assembled from different parts of the county to offer the last tribute of respect to his remains.

As a surgeon, he excelled. He was feeling, bold, careful, and, at the same time, guided with an increasing knowledge and discriminating judgment. As long as his physical powers sustained him, he was a careful student in his profession; treasuring the new discoveries in medical science, and incorporating them into his wide and daily practice; they were not, with him, mere experiments to verify his newly acquired discoveries, but intelligent principles pointing to ultimate success. Nor were his academical and scientific acquirements of a low standard; no physician has done more, perhaps, in bringing forward young men, and preparing them for usefulness in his profession, than Dr. Lewis. His kind and courteous manners won for him the respect and esteem of the young men who enjoyed his instruction.

Dr. Lewis was remarkable for his benevolence, being for many years the presiding officer of the oldest benevolent institution, (Christianity excepted.) The calls upon his kindness were frequent, and always supplied. This feature of his character was verified to the last, in canceling all pecuniary obligations which afforded any grounds for causing pain and distress when he should have passed away, and, from the nature of his practice, these were not few.

This benevolent disposition was sanctified by the charity of the Gospel. During his residence at Shelburn, Nova Scotia, his adopted mother, being a consistent Christian, took care that her foster-child should enjoy the privilege of the church, and presented him for holy baptism. This had its legitimate effect, and so fastened his mind on this great event of his life, that he often spoke of it as an admonition, which developed and terminated in the full and unequivocal recognition of the Christian faith, and confession of his Saviour, not only in word, but in spirit, and the participation of the communion of His Body and Blood.

Answers to Correspondents.

M. J.—Pulvermacher's battery, as improved by Hackley, is made by Mr. Kolbé, surgical instrument maker.

W. D. says that he has used the leaves of the castor-oil plant for increasing the secretion of milk, and desires to know whether any pharmaceutist has prepared the remedy in a convenient form for administration.

Licentiate.—The peculiar professional and social position of the Medical Assistant does not exist in this country as in Great Britain.

W.—You would not gain entrance for the purpose of testing your "cure" in any respectable hospital in this country. Go to Paris with it, create a sensation by making prodigious claims and a loud noise, and you will be permitted to do what you choose.

McClenachan, surgical bandage maker, requests us to say that the radical-cure truss, about which a correspondent lately inquired, is not as we stated, a simple hard-pad truss, but that, peculiarly formed, both hard and soft pads are essential.

A. B. writes a letter to say that he thinks that the dress of the members of the medical profession should be characteristic, so as to be readily recognized. In this opinion we differ from him, and think that they who would endeavor to distinguish themselves by outward trappings would be found to be those whose inward qualifications were most deficient. There is a certain propriety of dress which characterizes the higher classes of the profession in all enlightened communities. It is not necessary that a physician should present the appearance of a well-starched, high-church parson, or be dressed in the funereal sombre of a fashionable undertaker; but slovenly wearing apparel is as great an evil.

M. D.—No depilatory will prevent the hair from growing again, unless it be of such caustic character as will destroy the skin.

—o—

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. C. Jackson; Dr. J. Prior, with encl.; Dr. J. King; Dr. D. Calkins; Dr. G. H. Preston; Dr. N. G Hall; Dr. L. Gaynor, with encl.; Dr. W. Woodbridge; Dr. H. W. Ellsworth. *Illinois*—Dr. W. McKnight, with encl.; Dr. A. T. Baker, with encl.; Dr. B. Woodward, with encl. *Indiana*—Dr. J. R. Mills, with encl. *Iowa*—Dr. T. Shriner, with encl.; Dr. A. C. Taylor, with encl.; Dr. G. M. Staples, with encl.; Dr. W. F. Potter, with encl. *Massachusetts*—Dr. H. H. Mitchell. *Michigan*—Dr. L. D. Tompkins. *Maryland*—Dr. H. B. Wilson. *New Jersey*—Dr. C. V. Moore, with encl.; Dr. J. Grigg; Dr. F. A. Cutter; Dr. S. R. Forman, with encl. *New York*—Dr. R. Ormiston, with encl; Dr. J. S. Evans; Dr. J. Malone; Dr. S. F. Mixer, with encl; Dr. C. V. Barnett, with encl.; Dr. L. A. Sayre, with encl.; Dr. W. N. Hubbs, with encl.; Dr. W. K. Gleason, with encl.; Dr. M. Bevier, with encl.; Dr. P. Moulton, with encl.; Dr C. H. Porter; Dr. H. Townsend, with encl. *North Carolina*—Drs. Patterson & Stewart, with encl.; Dr. W. H. Battle, with encl. Dr. D. F. Holcomb, with encl. *Ohio*—Drs. McBean & Sharp; with encl.; Dr. S. B. Hiner; Dr. T. McG. Ebright, with encl., Dr. A. H. Hewetson, with encl.; Dr. A. H. Baker; Dr. K. G; Thomas; Dr. J. D. Skilling, with encl.; Dr. A. C. Barlow, with encl.; Dr. S. Bonner, with encl.; Dr. J. E. Steinreide. *Pennsylvania*—Dr. F. W. Vandersloot, with encl.; Dr. J. S. Ramsey, with encl.; Dr. A. P. Dutcher; Dr. F. Hinkle, with encl.; Dr. R. E. Armstrong, with encl.; Dr. R. B. Brown, with encl.; Dr. W. B Erdman, with encl.; Dr. S. Pollock, with encl.; Dr. W. W. Wick, with encl.; Dr. P. S. Leisenring, with encl.; Dr. J. H. Wilson; Dr. W. Voss, with encl.; Dr. J. V. Epler; Dr. W. C. Shurlock, with encl.; Dr. W. J. McKennon: Dr. A. F. Illig, with encl.; Dr. J. Fulton, with encl; Dr. H. O. Witman, with encl.; Dr. T. H. Elliott, with encl.; Dr. A. Y. Shelley, with encl.; Dr. H. H. Riegel, with encl.; Dr. H. F. Martin, with encl.; Dr. W. S. Haish, with encl.; Dr. H. Brubaker, with encl; Dr. D. D. Miller, with encl.; Dr. C. A. Shoemaker, with encl.; Dr. J. R. Thomas, with encl. *Rhode Island*—Dr. E. M. Snow. *Tennessee*—Dr. J. E. Reveley; Dr. D. Thompson, with encl.; Dr. A. J. Weldon, with encl. *Vermont*—Dr. L. B. Irish. *Wisconsin*—Dr. J. T. Reeve, with encl. *Washington, D. C.*—Dr. T. Hansman, with encl.

Office Payments.—Dr. S. Young, Pa.; Dr. W. Taylor, Pa.; Dr. D. W. Hoover, Pa.; Dr. J. K. Uhler, Pa.; Dr. S. C. Huston; Dr. C. W. Backhus, Pa.; Dr. J. F. Zacharias, Md; Dr. J. Baer, Md.; Dr. F. V. Vanartsdalen, Pa.; Dr. G. R. Robbins, N. J.; Dr. B. M. Collins, Pa.; Dr. J. B. Irwin, N J. By Mr. Hulme: Dr. A. J. M'Kelway, N. J., and Dr. Saml. Fisler, N. J. By Mr. Swain: Drs. Budlong, Gardiner, and R. H. Dutton, [adv.]